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COVER LETTER

| TO: Registratio Division of | n Section Corporations | | • | |
|--------------------------------|---|---|--|-----|
| SUBJECT: JUST | LIKE FAMILY ASSISTED L Name of Lir | IVING FACILITY, L.L.C. nited Liability Company | · | |
| The enclosed Article | s of Organization and fee(s) a | re submitted for filing. | | |
| Please return all corre | espondence concerning this m | natter to the following: | | |
| SOHAN | NE WESTON MOORE | N. CD | | |
| | | Name of Person | | |
| JUŞT LI | KE FAMILY ASSISTED LIV | VING FACILITY, L.L.C. Firm/Company | | |
| 1144 SA | ATURN STREET, SECOND | | | |
| | | Address | | |
| PALM B | AY, FLORIDA 32909 | City/State and Zip Code | | |
| swf3085@gma | il.com | | | |
| | · | d for future annual report notification | ation) | |
| For further information | on concerning this matter, ple | ase call: | | . ~ |
| SOHANNE WEST | ON MOORE at (| 754) 422-1640 | Drive Trees | ; . |
| Na | me of Person | Area Code Daytime Te | lephone Number | 12. |
| Enclosed is a check f | or the following amount: | | Ş G G | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Ma | siling Address | Street/Courier Add | PACE | |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|---|--|-------------------|---------------|
| JUST LIKE FAMILY ASSISTED LIVING FACILITY (Must end with the words "Limite | Y, L.L.C. Ed Liability Company, "L.L.C.," or "LLC | ") | | |
| ARTICLE II - Address: The mailing address and street address of the principal | office of the Limited Liability Company | is: | | |
| Principal Office Address: | Mailing Address: | | | |
| 1144 SATURN STREET SE PALM BAY, FLORIDA 32909 | 1144 SATURN STREET SE PALM BAY, FLORIDA 32909 | | | |
| ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registere | n Registered Agent. You must designate ion.) | an individ | ual or | |
| SOHANNE WESTON MOOF Nam | | TAL | termak Cama | |
| 1144 SATURN STREET SE | | | 75 | |
| Florida street address (P.O. Bo | | | 20 | |
| PALM BAY | FL 32909 | | · man | |
| City | Zip | | ī .15 | |
| | ept the appointment as registered agent are s of all statutes relating to the proper and abligations of my position as registered ago upter 605, F.S. | id _i ägree to complete p | act in perform | this nance |

(CONTINUED)

Page 1 of 2

| "AMBR" = Authorized Member "MGR" = Manager AMBR DEON MOORE 1144 SATURN STREET SE PALM BAY, FLORIDA 32909 AMBR SOHANNE WESTON MOORE 1144 SATURN STREET SE PALM BAY, FLORIDA 32909 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) ARTICLE VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document to constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) SOHANNE WESTON MOORE Typed or printed name of signce | | Title: | | Name and Address: | | | |
|--|----------------------|---|--|--|--|--------------|---------|
| AMBR DEON MOORE 1144 SATURN STREET SE PALM BAY, FLORIDA 32909 AMBR SOHANNE WESTON MOORE 1144 SATURN STREET SE PALM BAY, FLORIDA 32909 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) ARTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: (In accordance with section 605 203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) SOHANNE WESTON MOORE | | "AMBR" = Authorized | Member | rame and reduces. | | | |
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| AMBR SOHANNE WESTON MOORE 1144 SATURN STREET SE PALM BAY, FLORIDA 32909 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | | | • | 1144 SATURN STREET SE | | - | |
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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