

L0000000 1103

GAYLOR E. FRUIT

Requester's Name

3313 DARTMOR DR

Address

TALLAHASSEE FL 32312

City/State/Zip

Phone #

(850) 386-2851

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SENIOR CARE CONSULTANT GROUP

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

600003116196-5  
-01/31/00--01044--026  
\*\*\*\*125.00 \*\*\*\*125.00

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

Walk in

Pick up time \_\_\_\_\_

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JAN 31 PM 1:51

APPROVED  
AND  
FILED

Examiner's Initials *JP*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **SENIOR CARE  
CONSULTANT GROUP L.L.C.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**3313 DARTMOOR DR  
TALLAHASSEE, FL 32312**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**GAYLON E. FRUIT**  
Name  
**3313 DARTMOOR DR**  
Florida street address (P.O. Box **NOT** acceptable)  
**TALLAHASSEE FL 32312**  
City, State, and Zip

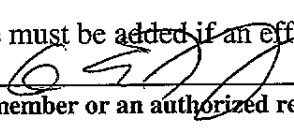
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**GAYLON E. FRUIT**  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JAN 31 PM 1:51

APPROVED  
AND  
FILED

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)