

200000001458

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000006286 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 922-4003

From:

Account Name : WILLIAMS, MULLEN, CLARK & DOBBINS  
Account Number : I19990000149  
Phone : (757) 473-5340  
Fax Number : (757) 473-0395

00 FEB -9 PM 12:00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

American Senior Living of Jacksonville-SNF, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB -9 AM 11:38

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

H00000006286 9

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: American Senior Living of Jacksonville-SNF, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 2150 Goodlette Road, Suite 600, Naples, FL 34102.

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: perpetual.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by a manager and the name and address of the manager is:

American Senior Living, Inc.  
2150 Goodlette Road, Suite 600  
Naples, FL 34102

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: additional members may be admitted only in the sole discretion of the Manager.

**ARTICLE VI - Members Rights to Continue Business:**

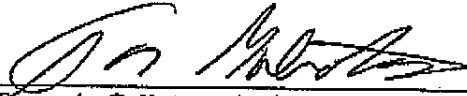
The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be: in the event of death of a member, or any event which terminates membership in the Limited Liability Company, it shall not cause the termination of the Limited Liability Company.

H00000006286 9

H00000006286 9

ARTICLE VII - Effective Date:

The Effective Date of this filing shall be: February \_\_\_\_, 2000.

  
Tasos A. Galitos, Authorized Representative

11344009/artorg-jacksonville

RECEIVED  
DIVISION OF CORPORATIONS  
00 FEB -9 PM 12:00

H00000006286 9

H00000006286 9

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT  
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF  
FLORIDA.

1. The name of the Limited Liability Company is:

American Senior Living of Jacksonville-SNF, LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation, FL 33324

City/State/Zip

00 FEB -9 PM12:00

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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.

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

H00000006286 9