

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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## To:

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

## From:

Account Name : WILLIAMS, MULLEN, CLARK & DOBBINS  
Account Number : 119990000149  
Phone : (757) 473-5340  
Fax Number : (757) 473-0395

## LIMITED LIABILITY COMPANY

LSL of New Port Richey, FL, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 023      |
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Electronic Filing Menu

Corporate Filing

Public Access Home

EFFECTIVE DATE

9/5/00

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00 SEP -7 AM 7:36  
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: LSL of New Port Richey, FL, 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 initial manager is:

Liberty 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.

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ARTICLE VII – Effective Date:

The Effective Date of this filing shall be: September 5, 2000.

  
\_\_\_\_\_  
Lawrence R. Siegel, Authorized Representative

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**Registered Agent, Registered Office & Registered Agent's Signature**

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

**C T Corporation System  
C/o CT Corporation System, 1200 South Pine Island Road  
Plantation, FL 33324**

*Having been named as registered agent an to accept service of process for LSL of New Port Ritchey, FL, LLC 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.*

C T Corporation System

  
Hillary England, Assistant Secretary

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