Lake View House Residential Inn and Assisted Living Facility #7007771 465 7th Ave. N. St. Petersburg, FL 33701

900007345-1939-011 ****125.00 ****125.00

	Office Use Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1. LAKE VIEW HO	Document #)
2(Corporation Name)	(Document #)
3.	L-14330
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
□ Walk in □ Pick up time □ Mail out □ Will wait	Certified Copy Certificate of Status AMENDMENTS
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

CR2E031(7/97)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 13, 2000

LAKE VIEW HOUSE RESIDENTIAL INN 465 7TH AVE N. ST. PETERSBURG, FL 33701

SUBJECT: LAKE VIEW HOUSE, LLC Ref. Number: W00000026940

We have received your document for LAKE VIEW HOUSE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 900A00058253

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKE VIEW HOUSE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

465-- 7 th Ave. N.

St. Petersburg, Fl. 33701

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

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

John G. Mehos				
Name				
465 7th Ave. N.				
Florida street address (P.O. Box NOT acceptable)				
St. Petersburg FL33701				
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.)
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The Limited Liability Company is to be managed by one manager or more manager	gers a	and is	,
therefore a manager managed company		\circ	
3		4	

(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.)

Toun G. Mehos

Typed or printed name of signee

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)