

L000000014402

Requester's Name

Joshua D. Manaster, P.A.

ATTORNEY AND COUNSELOR AT LAW  
1428 BRICKELL AVENUE  
EIGHTH FLOOR  
MIAMI, FLORIDA 33131-3491

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 6000002462598-1  
-11/16/00-01067-0103  
\*\*\*\*133.75 \*\*\*\*133.75

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

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
NOV 16 2001 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L00-14402

OR

Examiner's Initials

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**Southeast Senior Healthcare, L.L.C**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1428 Brickell Avenue, Penthouse, Miami, Florida 33131

**ARTICLE III- Registered Agent, Registered Office  
and Registered Agent's Signature**

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

Joshua D. Manaster, Esquire  
1428 Brickell Avenue, Eighth Floor  
Miami, Florida 33131

*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**

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

\_\_\_\_\_  
Signature of member or authorized representative of member.

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

JOSHUA D. MANASTER

Typed or printed name of signee

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01 NOV 16 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA