

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

L01000003119

CONTACT: CINDY HICKS

DATE: 3-1-01

REF. #: 0163.14474

CORP. NAME: HAWTHORNE CARE CENTER OF
BRADENTON OPERATIONS, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |
- 800003790968--8
-03/01/01--01030--023
****130.00 ****130.00

STATE FEES PREPAID WITH CHECK# 10299 FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- | | |
|---|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | |

Examiner's Initials

RECEIVED
01 MAR - 1 09:49 AM
TALLAHASSEE, FLORIDA
PLAIN STAMPED COPY
3-1-01

ARTICLES OF ORGANIZATION

OF

HAWTHORNE CARE CENTER OF BRANDON OPERATIONS, LLC

1. Name. The name of this limited liability company is HAWTHORNE CARE CENTER OF BRANDON OPERATIONS, LLC (the "Company"), and it shall be formed as a limited liability company under Chapter 608 of the laws of the State of Florida.

2. Duration. The Company shall exist from the date of filing of these Articles of Organization with the Florida Secretary of State, and the Company's existence shall be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Business. The mailing address and street address of the Company's principal office is 5665 Cypress Gardens Blvd., S.E., Suite 5000, Winter Haven, Florida 33884.

5. Registered Agent and Office. The name of the initial registered agent of the Company is Olin G. Shivers. The street address of the initial registered office of the Company is 100 North Tampa Street, Tampa, FL 33602.

6. Management of the Company. The Company shall be managed by a manager or managers in accordance with the Operating Agreement adopted by all of the members and is, therefore, a manager-managed company.

7. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization on the 27th day of February 2001.

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

By:

Olin G. Shivers

Olin G. Shivers, Authorized Representative

FILED
CLERK OF THE
STATE OF FLORIDA
01 MAR -1 PM 11:25

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Olin G. Shivers
Olin G. Shivers

Dated: February 27, 2001

#771570 v1

01 MAR - 1 AM 11:25
SECURITY JUDGE
FBI ARK/SEF/JT GRIN

ALH
AND
FBI