

# L01000004512

**Florida Department of State**

Division of Corporations

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**From:**

Account Name : KATZ, BARRON, SQUITERO & FAUST, P.A.  
Account Number : 072627002473  
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**LIMITED LIABILITY COMPANY****MANOR PINES CONVALESCENT CENTER, LLC**

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| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$160.00 |

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**ARTICLES OF ORGANIZATION  
OF  
MANOR PINES CONVALESCENT CENTER, LLC**

The undersigned, desiring to form a limited liability company (hereinafter the "Company") under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act (the "Act"), does hereby adopt the following Articles of Organization for the Company:

**ARTICLE I  
NAME**

The name of the Company is **MANOR PINES CONVALESCENT CENTER, LLC.**

**ARTICLE II  
ADDRESS**

The mailing address and principal business address of the Company is **1701 N.E. 26<sup>th</sup> Street, Wilton Manors, Florida 33305.**

**ARTICLE III  
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is **1601 N.E. 26<sup>th</sup> Street, Wilton Manors, Florida 33305**, and the name of the initial registered agent of the Company at that address is **RALPH A. MARRINSON.**

**ARTICLE IV  
DURATION AND EFFECTIVE DATE**

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The period of the Company's duration shall be perpetual, unless the Company is dissolved earlier pursuant to the provisions of the Regulations of the Act.

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This instrument prepared by:

Richard B. Ivans, Esq.

Fla. Bar No. 137540

**KATZ, BARRON, SQUITERO & FAUST, P.A.**

2699 South Bayshore Drive, 7th floor

Miami, Florida 33133

(305)856-2444

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**ARTICLE V  
MANAGEMENT OF COMPANY**

Management of the Company shall be vested in the Manager(s) and it is, therefore, a manager-managed company.

**ARTICLE VI  
PURPOSE CLAUSE**

The Company's business and purpose shall be to operate, on property that is either owned or leased by the Company, a licensed, skilled nursing facility and to engage in such other lawful activities as are incidental, necessary or appropriate to the foregoing.

IN WITNESS WHEREOF, the undersigned member has hereunto set his hand and seal this 22nd day of March, 2001.

MEMBER:  
MARRINSON GROUP, INC., a Florida corporation

By:   
RALPH A. MARRINSON, President

[CORPORATE SEAL]

**ACCEPTANCE OF REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the Articles of Organization, I hereby accept this 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 this position as registered agent.

IN WITNESS WHEREOF, as said registered agent, I have caused this Statement to be

Sent by: Katz Barron

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signed on this 22nd day of March, 2001

  
RALPH A. MARRINSON

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