

LO200001288

5209 Hwy 331 South
Defuniak Springs, FL., 32433
850-892-3288

Carriage House Senior Care

January 12, 2002

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-01/14/02--01062--004
****125.00 ****125.00

Dear Sir or Madam:

Please execute the enclosed Articles. I can be contacted at:

Deborah Wall
5209 Hwy 331 South, Defuniak Springs, FL., 32433.
Daytime telephone is 850-892-3288.

Sincerely,

Deborah Wall

Deborah Wall
Administrator

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2002 JAN 14 AM 9:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carriage House Senior Care LLC

ARTICLE II - Address:

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

5209 Hwy 331 South, DeFuniak Springs, FL, 32433

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

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

Frank COLON

Name

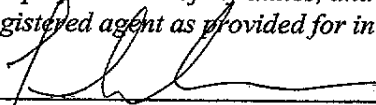
5209 Hwy 331 South

Florida street address (P.O. Box **NOT** acceptable)

DeFuniak Springs FL 32433

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.)

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

(An additional article must be added if an effective date is requested)

Deborah W. Wall

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.)

Deborah W. Wall

Typed or printed name of signee

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& ALLIANCE, FLORIDA

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)