

**CORPORATE  
ACCESS,  
INC.**

**LD20000001454**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN *Hinder*

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CUS

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*LLC*

1.) *AVONLEA Cottages of Rockledge, LLC*  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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\*\*\*\*155.00 \*\*\*\*155.00

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

02 JAN 18 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

SPECIAL INSTRUCTIONS

*LB*  
*1-18-02*

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AVONLEA Cottages of Rockledge, LLC

## ARTICLE II - Address:

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

3821 Sunnyside Court, Rockledge, FL 32955

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

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

Corporate Access, Inc.  
 Name  
 236 E. 6th Ave.  
 Florida street address (P.O. Box NOT acceptable)  
 Tallahassee FL 32303  
 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.

Dan Beaman, Pres.  
 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)

Richard D. Nicholls  
 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.)

Richard D. Nicholls  
 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)

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 TALLAHASSEE, FLORIDA

APPROVE  
 AND  
 FILE