

LO20000024907

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02 SEP 23 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 20, 2002

VIA FEDEX

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

400007942024--2  
-09/23/02--01034--010  
\*\*\*\*130.00 \*\*\*\*130.00

Re: Senior Health South-Ex, LLC  
Senior Health South-Tampa, LLC

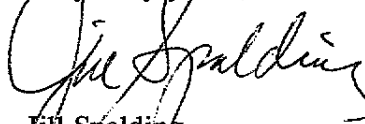
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Gentlemen/Ladies:

Enclosed herewith for filing please find Articles of Organization for each of the above-referenced limited liability companies. Two checks in the amount of \$130.00 each representing the filing fee, Designation of Registered Agent fee and Certificate of Status fee are also enclosed.

Kindly return proof of filing in the enclosed pre-paid, self-addressed FEDEX envelope.

Very truly yours,

  
Jill Spalding  
Legal Assistant

Enclosures

cc: Carol A. Tschop, President (SHPS) (w/encs.)  
Bart Wyatt, President (SHM) (w/encs.)  
Harry D. Madonna, Esquire (w/encs.)  
Stanley P. Jaskiewicz, Esquire (w/encs.)  
Lee J. Stoller, Esquire (w/encs.)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Senior Health South-Tampa, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II - Address:

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

785 Fifth Avenue, Suite 5, Chambersburg, PA 17201

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

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

Bart Wyatt

Name

100 Second Avenue South, Suite 901 S

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

St. Petersburg, FL 33701

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.

Senior Health Properties-South, Inc.

By: \_\_\_\_\_

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.)

Carol A. Tschop, President of Senior Health Properties-South, Inc., Sole Member

\_\_\_\_\_  
Typed or printed name of signer

### 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)

FILED

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SECRETARY OF STATE  
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By: \_\_\_\_\_

Signature of a member or an authorized representative of a member.

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Carol A. Tschop, - President of Senior Health Properties-South, Inc., Sole Member

Typed or printed name of signer

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- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)