

LO2000032062

Corpdirect Agents
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

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12/02/02--01022--019 **155.00

MJH

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02 DEC -2 PM 10:50
TALLAHASSEE, FLORIDA

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02 DEC -2 PM 3:01
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Pam
DATE: 12-02-02
REF. #: 0150.11063
CORP. NAME: Quality Nursing Home
Management, 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: _____ | | |

STATE FEES PREPAID WITH CHECK# 503801 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
QUALITY NURSING HOME MANAGEMENT, LLC**

ARTICLE I - Name

The name of the Limited Liability Company is **QUALITY NURSING HOME MANAGEMENT, LLC** (the "Company").

ARTICLE II - Address

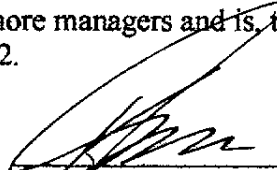
The mailing address and street address of the principal office of the Company is 2884 West Orchard Circle, Davie, Florida 33328.

ARTICLE III - Registered Agent and Office

The street address of the Company's initial registered office is 2884 West Orchard Circle, Davie, Florida 33328. The name of its initial registered agent at such office is K. C. Cross.

ARTICLE IV - Management

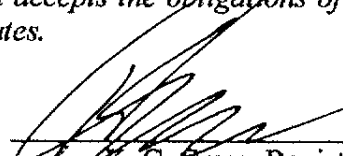
The Company is to be managed by one or more managers and is, therefore, a manager-managed company. Dated this 26 day of November, 2002.



K. C. Cross, Authorized Signor

ACCEPTANCE OF APPOINTMENT 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 these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agree to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, Florida Statutes.



K. C. Cross, Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC -2 PM 3:01

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