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(City/State/Zip/Phone #)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

TB

CT CORPORATION

December 20, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5751931 SO
Customer Reference 1: 28833-001
Customer Reference 2: n/a

Dear Secretary of State, Florida:

Please file the attached:

Florida Institute for Long Term Care, LLC (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPROVED
AND
FILED
02 DEC 20 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Florida Institute for Long Term Care, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
100 Second Avenue South, Suite 901 S, St Petersburg, FL 33701

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

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

Bart Wyatt

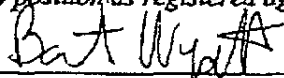
Name
100 Second Avenue South, Suite 901 S

Florida street address (P.O. Box NOT acceptable)
St. Petersburg FL 33701

City, State, and Zip

02 DEC 20 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Florida Institute for Long Term Care, LLC
By: 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. Tschoop, President of Senior Health Properties-South, Inc., Sole Member

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)