

LD2000034779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

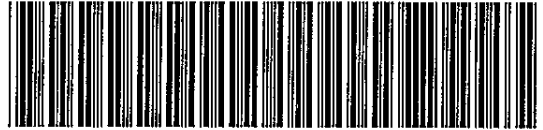
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400009632294

12/23/02--01092--011    \*\*2375.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 DEC 23 PM 2:48

FILED

LD2-34779

AK

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
FI-Cape Coral, 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

*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.*

Bart Wyatt  
Registered Agent's Signature

Florida Institute for Long Term Care, LLC  
By: Senior Health Properties-South, Inc.

By: [Signature]  
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 of Florida Institute for Long Term Care, LLC, 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)

DEC 23 PM 2:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED