

LD3000005059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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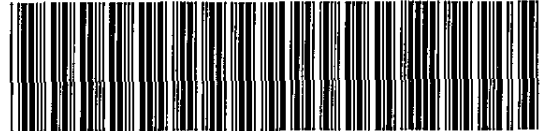
(Business Entity Name)

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ACCOUNT NO. : 072100000032

REFERENCE : 925393 7117422

AUTHORIZATION :

*Patricia Pizot*

COST LIMIT : \$ 155.00

ORDER DATE : February 10, 2003

ORDER TIME : 2:09 PM

ORDER NO. : 925393-005

CUSTOMER NO: 7117422

CUSTOMER: Ms. E. Gale Brock  
Katz & Green

1 Florida Park Drive South

Palm Coast, FL 32137

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DOMESTIC FILING

NAME: ADMINISTER RESIDENTIAL CARE  
HOME, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
ADMINISTER RESIDENTIAL CARE HOME, LLC  
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I**

The name of the Limited Liability Company is:

ADMINISTER RESIDENTIAL CARE HOME, LLC

**ARTICLE II**

The mailing address and street address of the principal office of the Limited Liability Company is: 5 Big Dipper Lane, Palm Coast, Florida 32137.

**ARTICLE III**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**

The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager(s) is/are:

Lorna DaCosta Jones, Post Office Box 350926, Palm Coast, FL 32135

**ARTICLE V**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be set forth in the Operating Agreement.

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I have signed these Articles of Organization and acknowledged them to be my  
act this 6 day of February, 2003.

By:   
B. PAUL KATZ, Agent

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED FOR  
ADMINISTER RESIDENTIAL CARE HOME, LLC**

IN COMPLIANCE WITH SECTION 608.507, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:


FIRST: THAT THE UNDERSIGNED AGENT, DESIRING TO ORGANIZE OR  
QUALIFY THE ABOVE REFERENCED LIMITED LIABILITY COMPANY UNDER THE  
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT  
5 Big Dipper Lane, Palm Coast, Florida 32137, HAS NAMED B. PAUL KATZ, LOCATED  
AT ATRIUM SUITE, 1 FLORIDA PARK DRIVE SOUTH, PALM COAST, FLORIDA 32137,  
AS ITS REGISTERED AGENT AND OFFICER TO ACCEPT SERVICE OF PROCESS  
WITHIN FLORIDA.

  
B. PAUL KATZ, Agent

DATE: 2-6-03

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-  
STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER  
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

  
REGISTERED AGENT  
DATE: 2-6-03