

L030000007034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

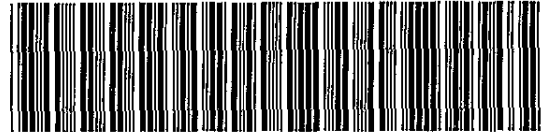
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

John Hall

Office Use Only

RECEIVED
03 FEB 26 PM 12:13
DIVISION OF CORPORATION



600012554336

02/26/03--01058--012 **155.00

FILED

03 FEB 26 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

03 FEB 26 PM 1:45

STATE TREASURY OF FLORIDA
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ASSISTED RESIDENTIAL COMMUNITY LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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

The name of the Limited Liability Company is:

ARTICLE I

ASSISTED RESIDENTIAL COMMUNITY LLC

ARTICLE II

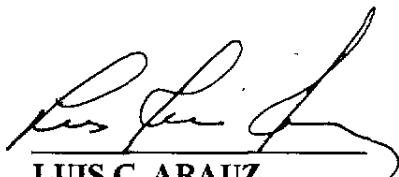
The mailing address and street address of the principal office of the Limited Liability Company is: **7225 NW 25TH ST-STE 300-MIAMI, FL 33122**

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature:
The name and Florida street address of the registered agent are:

**LUIS C. ARAUZ
7225 NW 25TH ST-STE 300
MIAMI, FL 33122**

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.


**LUIS C. ARAUZ
REGISTERED AGENT**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company

**INVERSIONES McQ SA
DECAPRICE LAURUCA
75 METROS AL NORTE
EDIFICIO REQUISA
SAN JOSE, COSTA RICA**

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(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.)



**INVERSIONES McQ SA
MARIO A. DAVILA (PRESIDENT)**