

L03000007034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

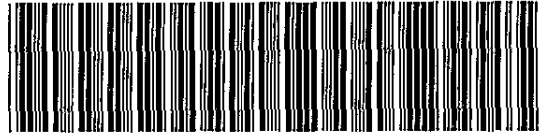
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Handwritten signature*

Office Use Only

RECEIVED  
03 FEB 26 PM 12:13  
DIVISION OF CORPORATION



600012554336

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 FEB 26 PM 1:45

FILED

**FILED**

03 FEB 26 PM 1:45

STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

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
- Mail out
- Will wait
- Photocopy
- Certified Copy
- 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

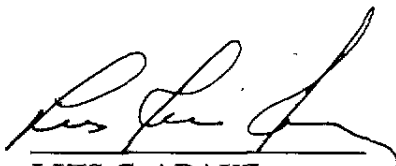
The mailing address and street address of the principal office of the Limited Liability Company is: **7225 NW 25<sup>TH</sup> ST-STE 300-MIAMI, FL 33122**

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 25<sup>TH</sup> 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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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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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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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)**