

**W03000053677**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (950) 205-0383

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**SIXTH STREET MANOR, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SIXTH STREET MANOR, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**163 KILDARE DRIVESEBASTIAN, FL 32958**Mailing Address:**163 KILDARE DRIVESEBASTIAN, FL 32958**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JOSEPH ROMEI

Name

163 KILDARE DRIVEFlorida street address (P.O. Box **NOT** acceptable)SEBASTIANFLORIDA 32958

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JOSEPH ROMEI

183 KILDARE DRIVE

SEBASTIAN, FL 32958

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
Signature of a member or authorized representative of a member.

(In accordance with section 606.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH ROMEI

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)

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