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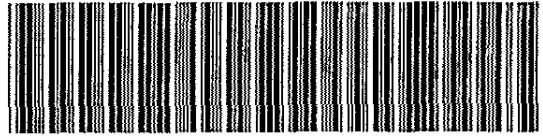
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TALLAHASSEE, FLORIDA

04 AUG -2 AM 11:10

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISIDORA ASSISTED LIVING FACILITY, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILHEL WILKS

(Name of Person)

ISIDORA ASSISTED LIVING FACILITY, LLC

(Firm/Company)

3467 EVERETT AVENUE

(Address)

SPRING HILL, FL 34609

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES A. ELDREDGE, EA

(Name of Person)

at (352) 688-8619

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1-Name:

The name of the Limited Liability Company is:

ISIDORA ASSISTED LIVING FACILITY, LLC

ARTICLE 11-Address:

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

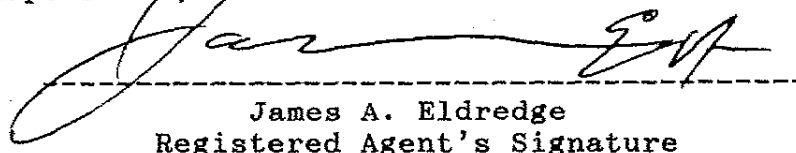
3467 EVERETT AVENUE
SPRING HILL, FL 34609

ARTICLE 111-Registered Agent, Registered Office & Registered Agent's Signature:

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

JAMES A. ELDREDGE, EA
12512 CORRINE AVENUE
SPRING HILL, FL 34609

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.


James A. Eldredge
Registered Agent's Signature

Article 1V-Limited Liability Company Purpose:

A Limited Liability Company organized to provide health care services to the general public.

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04 AUG -2 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE V-Managers or Managing Members:

The Limited Liability Company is to be managed by one or more managers and is, therefore a manager-managed company. The name and address of each Managing Member or Member and ownership percentage is:

Title	Name and Address:	Ownership %
MANAGING MEMBER SECRETARY/TREAS	WILHEL WILKS 2150 ORCHARD PARK DR. SPRING HILL, FL 34608	99.99 %
MEMBER	HEADLEY WILKS 2150 ORCHARD PARK DR. SPRING HILL, FL 34608	00.01 %

ARTICLE VI-Admission of additional members:

The members shall have the right to admit additional members upon written consent of majority of members by ownership %.

ARTICLE VII-Members rights to continue business:

The members shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company by executing a written consent to continue to do such business.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE VIII-Effective date and duration:

The effective date of the Limited Liability Company shall be upon receipt and filing of these Articles with the Secretary of State of Florida and the duration of the Limited Liability Company shall be Perpetual.

The Members hereby make and file in the Office of the Secretary of the State of Florida, these Articles of Organization, and 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.

REQUIRED SIGNATURE:

Wilhel Wilks

Signature of member or authorized representative of member

Wilhel Wilks, Managing Member

Typed or printed name of signee