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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

Handwritten signature



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 911254 80457A

AUTHORIZATION :

COST LIMIT : \$ 125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 1, 2004

ORDER TIME : 8:42 AM

ORDER NO. : 911254-005

CUSTOMER NO: 80457A

CUSTOMER: Ms. Laura Buckley
Black, Sims, Burnett And
Birch, L.l.p.
3rd Floor
501 North Grandview Avenue
Daytona Beach, FL 32118

DOMESTIC FILING

NAME: SHINGLE CARE OF VOLUSTIA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHINGLE CARE OF VOLUSIA, LLC**ARTICLE II - Address:**

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

Principal Office Address:786 PHEASANT RUN COURTPORT ORANGE, FL 32127**Mailing Address:**786 PHEASANT RUN COURTPORT ORANGE, FL 32127**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

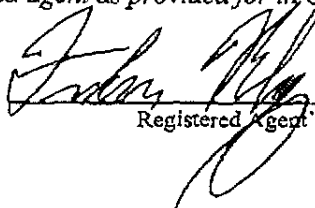
FREDERIC KLING

Name

786 PHEASANT RUN COURTFlorida street address (P.O. Box **NOT** acceptable)PORT ORANGE, FLORIDA 32127

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

10/01/04 FRI 15:17 FAX 3862538198

BLACK SIMS

003

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:

MGRM

FREDERIC KLING

786 PHEASANT RUN COURT

PORT ORANGE, FL 32127

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(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.)

FREDERIC KLING

Typed or printed name of signee

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)