## L04000077541

(Requestor's Name)
(10410014101111110)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submoso Emily Marroy
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Consequence of the constraint
The state of the s
Office Use Only
AND ADDRESS OF THE PARTY OF THE
. 1



500041806395

10/25/04--01056--027 \*\*130.00

101 FGT 25 P 2:10

## TRANSMITTAL LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	PC Senio	rs Care L.L.C.		
<u> </u>	(Name of Limited	d Liability Company)	<del></del>	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspo	ndence concerning this matte	er to the following:		
	Pamela Cordov			
· · · · · · · · · · · · · · · · · · ·	1)	Name of Person)		
	PC Sei	niors Care L.L.C.		
	- (1	Firm/Company)		
	#2 Office Park	Drive Suite A6		
	· · · · · · · · · · · · · · · · · · ·	(Address)	<del></del>	
	Palm Coast FLo	orida 32137		
	(City/	State and Zip Code)	·	
For further information co	ncerning this matter, please	call:	н.	
Pamela Cor	dova	at ( 386 ) 206_ 97	74 =	
	f Person)	(Area Code & Daytime To	elephone Number	·k.»
Enclosed is a check for	the following amount:			•
	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

860 312 4301 P.05

ARTICLESOF	ORGANIZATION E	OR RY ORDA	LIMPTED LIABILITY	COMPANY
		UR PLANUM	1417191 <i>141</i> 147141141	TEMPLETALE

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
PC SENTORS CAP	E, L.L.C.
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
#2 Office Park Drive Ste A	6 #2 Office Park Drive Ste λ6 Palm Const. FL 32137
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature:
The name and the Florida street address	is of the registered agent are:
Pamela C	ordova
	Name
#2 Offic	e Park Drive Ste A6
Florid	a street address (P.O. Box NOT acceptable)
Palm Com	st, FL 32137
C	ity, Sente, and Zip
liability company at the place desig registered agent and agree to act in the statutes relating to the proper and co	nt and to accept service of process for the above stated limited rated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the profisions of all applete performance of my duties, and I am familiar with and in as registent dagent of provided for in Chapter 608, F.S.
tan	Na Convons
Registe	red Agent's Signature

(CONTINUED)

Page 1 of 2

PAGE 86

860 312 4301 P.06

OCT-13-2004 17:32

CT COMM CR UNION

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

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

Title: Name and Address: "MOR" = Manager "MGRM" = Managing Member MGRM Pemela Cordova #2 Office Park Drive Ste AS Palm Coast FL 32137 MIRM Veronica Egidio 13 Parragut Drive Palm Coast FL 32137 MGHM Joseph M. Silveira 36 Corel Roof W Unit H Palm Coast FL 32137 MCRM Malik Bhaidani #2 Office Park Drive Ste A6 Palm Coast FL 32137

(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.)

Typed or printed name of shrheo

Filler Feet:

\$125.06 Filing For Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

U