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December 16, 2004

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**VIA HAND DELIVERY**

Division of Corporations  
Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Articles of Organization of Lakeview Terrace Health Care Center, LLC.  
Our File No. 60280-49

Dear Madam or Sir:

Enclosed is an original and two copies of **Articles of Organization of Lakeview Terrace Health Care Center, LLC. Please file these Articles and issue two Certified Copies.** This firm's check in the amount of \$142.50 is enclosed. Upon receipt of this request, please date-stamp the copy of this letter attached, and call me when the certified copies are ready for pick up.

Thank you for your assistance in this matter.

Sincerely,

*Mari-Jo Lewis-Wilkinson*  
Mari-Jo Lewis-Wilkinson  
Paralegal

Enclosures

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAKEVIEW TERRACE HEALTH CARE CENTER, LLC

**ARTICLE II - Address:**

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

1095 W. Morse Boulevard, Winter Park, FL 32789

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael E. Neukamm  
301 E. Pine Street, Suite 1400  
Orlando, FL 32801

*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.*

  
Michael E. Neukamm

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by its sole Member and is, therefore, a Member - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

Michael E. Neukamm, Authorized Representative

**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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04 DEC 16 PM 3:50  
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