

L05600030725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400048841994

FILED

05 MAR 29 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMOVED

05 MAR 29 PM 12:22

STATE
RELATIONS
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

FILED
05 MAR 29 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 03-29-05

NAME: SENIOR CARE OF ST. JOHNS OPERATOR, LLC

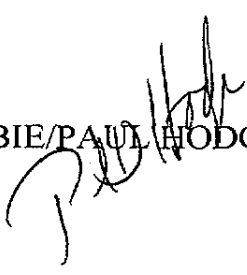
TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125.00

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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

FILED
05 MAR 29 PM 3:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

Senior Care of St. Johns Operator, LLC

ARTICLE II - Address:

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

Principal Office Address:

1115 Marbella Plaza Drive

Tampa, Florida 33619

Mailing Address:

1115 Marbella Plaza Drive

Tampa, Florida 33619

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

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Weston

FLORIDA 33331

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..

National Registered Agents, Inc.

By: 

Registered Agent's Signature

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

Parker Investments, LLC

1115 Marbella Plaza Drive

Tampa, Florida 33619

(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.)

By: Alexander T. McClain

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)