## L05000030726

(Requestor's Name)		
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## 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

DATE: 03-29-05

NAME: SENIOR CARE OF HIDDEN OAKS OPERATOR, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125.00

**RETURN:** 

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIE/PAUX HOODGE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street add	dress of the princ	cipal office of the Limited Liability Company
Principal Office Address:	_	Mailing Address:
1115 Marbella Plaza Drive		1115 Marbella Plaza Drive
Tampa, Florida 33619		Tampa, Florida 33619
	<del></del>	to a second
ARTICLE III - Registered Agen The name and the Florida street ad NRAI Service	ldress of the reg	ffice, & Registered Agent's Signature: istered agent are:

Weston FLORIDA 33331
City, State, and Zip

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

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 Chaptef 608, Florida Statutes..

National Registered Agencs, Inc.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of			
Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
14101/141 - 141mm@m2 1410111001			
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:			
$\Omega U = \Omega U $	McChi		
Signature of a member or an au	thorized representative of a member.		
(In accordance with section 608.	(In accordance with section 608.408(3), Florida Statutes, the execution		
of this document constitutes an ai that the facts stated herein are tru	firmation under the penalties of perjury e.)		
By: Alexander T. McCla	in		
Typed or prid	nted name of signee		

Page 2 of 2

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)