

Mar 29 2005 11:29

TRIAD PROFESSIONAL SERVIC 770 777 2094

p. 4

Division of Corporations

Page 1 of 1

05000031072

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000076203 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 777-2094

RECEIVED
05 MAR 29 PM 12:09
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Senior Care of Hidden Oaks Management, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

05 MAR 29 AM 10:39
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

(((H05000076203 3)))

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Senior Care of Hidden Oaks Management, 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 DriveTampa, Florida 33619**Mailing Address:**1115 Marbella Plaza DriveTampa, 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 4Florida street address (P.O. Box **NOT** acceptable)WestonFLORIDA 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 Agent, Inc.

By: *Shawn M. Cox*

Registered Agent's Signature

Page 1 of 2
(CONTINUED)

(((H05000076203 3)))

05 MAR 29 AM 10:39
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(((H05000076203 3)))

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:MGRMParker 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:***Alex McClain*
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 signer

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)

(((H05000076203 3)))