

L05000100046

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

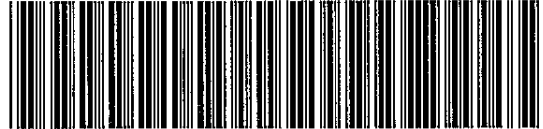
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10/12/05--01001--018 **155.00

FILED

05 OCT 11 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 OCT 11 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 10/11/05

REF. #: 000638.43226

CORP. NAME: SELAH SENIORCARE, LLC

FILED
OCT 11 AM 8:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 514844 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
SELAH SENIORCARE, LLC**

A Florida Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1

NAME

The name of this Limited Liability Company is: Selah SeniorCare, LLC.

ARTICLE 2

DURATION

The duration of this limited liability company is perpetual from the date of commencement of the limited liability company's existence. The date and time of commencement of the limited liability company's existence is the time of filing of the original articles of organization by the Department of State of State of Florida.

ARTICLE 3

PRINCIPAL OFFICE

The mailing address and street address of the principal office of the limited liability company is 3073 South Horseshoe Drive, Suite 100, Naples, Florida 34104.


ARTICLE 4

REGISTERED AGENT

The name and address of the registered agent of the limited liability company is William T. Filippone, 3073 South Horseshoe Drive, Suite 100, Naples, Florida 34104.

IN WITNESS WHEREOF, the undersigned member does hereby execute and
acknowledge these articles of organization this 14th day of October 2005.

SELAH SENIORCARE, LLC

By: 
Adam S. Skorecki, Authorized Representative

**CERTIFICATE DESIGNATING REGISTERED
AGENT AND STREET ADDRESS FOR
SERVICE OF PROCESS**

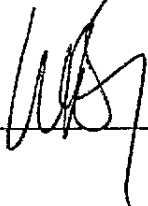
Pursuant to Section 608.415 Florida Statutes, Selah SeniorCare, LLC hereby designates William T. Filippone, 3073 South Horseshoe Drive, Suite 100, Naples, Florida 34104, as its registered agent and the street address of its registered office, respectively, for service of process within the State of Florida.

Selah SeniorCare, LLC

By: 
Adam S. Skorecki, Authorized Representative

ACCEPTANCE OF DESIGNATION

The undersigned understands the obligations of and hereby accepts the foregoing designation as registered agent of Selah SeniorCare, LLC, for service of process within the State of Florida.

By: 
WILLIAM T FILIPPONE
REGISTERED AGENT