

L0600000/0311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

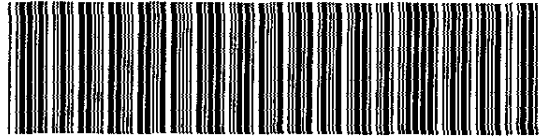
(Document Number)

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Certificates of Status \_\_\_\_\_

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FILED  
2006 JAN 24 PM 3:30  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

J. BRYAN JAN 31 2006

January 16, 2006

State of Florida  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: LIVE OAK MANOR ASSISTED LIVING FACILITY, LLC

The enclosed Articles of Organization are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Lennon-Jotham  
Live Oak Manor Assisted Living Facility, LLC  
3985 Hina Drive  
Sarasota, Florida 34241:

For further information concerning this matter, please call:

Kimberly Lennon-Jotham at (941) 377-9544

Enclosed is a check in the amount of \$125.00 payable to the Florida Department of State in full payment of this LLC registration.

Thank you for your assistance in this matter.



Kimberly Lennon-Jotham

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2006 JAN 24 PM 3:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
LIVE OAK MANOR ASSISTED LIVING FACILITY, LLC  
A FLORIDA LIMITED LIABILITY COMPANY

FILED  
2006 JAN 24 PM 3:30  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

ARTICLE I ~ Name:

The name of the Limited Liability Company is Live Oak Manor Assisted Living Facility, LLC.

ARTICLE II ~ Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 3985 Hina Drive, Sarasota, Florida 34241

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

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

Kimberly Lennon-Jotham  
3985 Hina Drive  
Sarasota, Florida 34241

*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..*

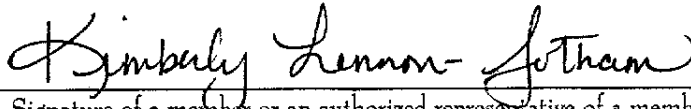
  
\_\_\_\_\_  
Registered Agent's Signature

ARTICLE 1V ~ Managers or Managing Members

<u>Title:</u>	<u>Name and Address:</u>	
MGRM	Kimberly Lennon-Jotham 3985 Hina Drive Sarasota, Florida 34241	— — —

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2006 JAN 24 PM 3:30  
JIMMY L. JOHNSON  
TALLAHASSEE, FLORIDA

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.)

Kimberly Lennon-Jotham

Typed or printed name of signee