

**L0600003698 3**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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## 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)220-1943

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR -7 AM 9:36

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DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****SCI CAMELLIA MANAGEMENT, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000093698 3)))

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SCI CAMELLIA MANAGEMENT, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1123 Marbella Plaza Drive

Tampa, Florida 33619

**Mailing Address:**

1123 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..*

NRAI Services, Inc.

By: 

Registered Agent's Signature

Page 1 of 2

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**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

Senior Care International, Inc.

1123 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:**

Alexander T. 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.)

Alexander T. McClain

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)

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