

L060000744692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300071567783

05/01/06--01002--024 **155.00

RECEIVED
06 APR 28 PM 4: 54
FILE
MICHIGAN
DIVISION

FILED
SECRETARY OF STATE
DIVISION OF STATE
2006 APR 28 AM 9: 07

DB

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 04/28/06

REF. #: 000638.51297

CORP. NAME: SELAH SENIORCARE-PORT ST. LUCIE, LLC

- | | | |
|--|---|---|
| <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# 516950 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES
2006 APR 28 AM 9:07

**ARTICLES OF ORGANIZATION
OF
SELAH SENIORCARE-PORT ST. LUCIE, LLC**

A Florida Limited Liability Company

ARTICLE 1

NAME

The name of this Limited Liability Company is: Selah SeniorCare-Port St. Lucie, 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

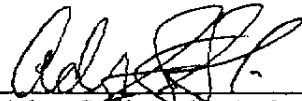
REGISTERED AGENT

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR 28 AM 9:07

IN WITNESS WHEREOF, the undersigned representative does hereby execute and acknowledge these articles of organization this 27th day of April, 2006.

SELAH SENIORCARE-PORT ST. LUCIE, LLC

By: 
Adam S. Skorecki, Authorized Representative

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR 28 AM 9:07

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

Pursuant to Section 608.415 Florida Statutes, Selah SeniorCare-Port St. Lucie, LLC hereby designates William T. Filippone, 511 Gordonia Road, Naples, Florida 34108 as its registered agent and the street address of its registered office, respectively, for service of process within the State of Florida.

Selah SeniorCare-Port St. Lucie, 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-Port St. Lucie, LLC, for service of process within the State of Florida.

By:  4/28/06
William T. Filippone, Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR 28 AM 9:07