

LO6000067430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

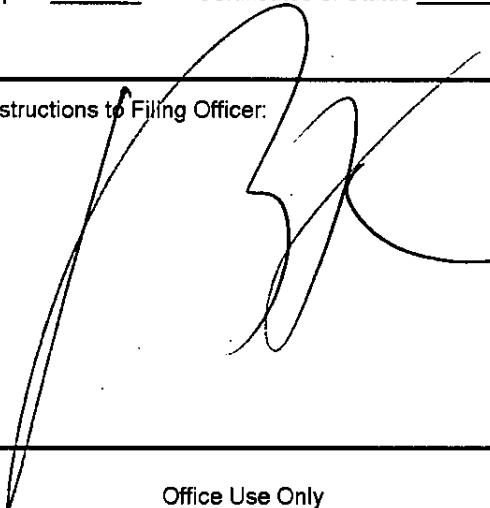
PICK-UP WAIT MAIL

(Business Entity Name)

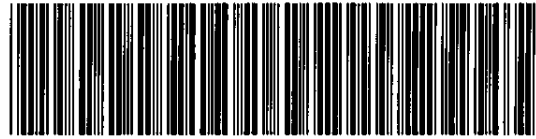
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06 JUL -6 AM 11:07
DEPT. OF REVENUE & STATE
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TALLAHASSEE, FLORIDA

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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: 07/06/06

REF. #: 000638.54369

CORP. NAME: SELAH SENIORCARE-PALMER CLUB, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <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# 517698 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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

Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SELAH SENIORCARE-PALMER CLUB, LLC**

A Florida Limited Liability Company

ARTICLE 1

NAME

The name of this Limited Liability Company is: Selah SeniorCare-Palmer Club, 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 265 North Roscoe Boulevard, Ponte Vedra Beach, Florida 32082.

ARTICLE 4

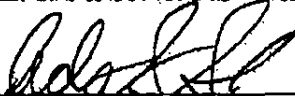
REGISTERED AGENT

The name and address of the registered agent of the limited liability company is William T. Filippone, 265 North Roscoe Boulevard, Ponte Vedra Beach, Florida 32082.

IN WITNESS WHEREOF, the undersigned representative does hereby execute and acknowledge these articles of organization this 30 day of June, 2006.

SELAH SENIORCARE-PALMER CLUB, 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-Palmer Club, LLC hereby designates William T. Filippone, 265 North Roscoe Boulevard, Ponte Vedra Beach, Florida 32082, as its registered agent and the street address of its registered office, respectively, for service of process within the State of Florida.

Selah SeniorCare-Palmer Club, 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-Palmer Club, LLC, for service of process within the State of Florida.

By: 
William T. Filippone, Registered Agent