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DIVISION OF CORPORATIONS
06 DEC 12 AM 9:37**FLORIDA/FOREIGN LIMITED LIABILITY CO.****TYVAL Assisted Living Facility, LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **TYVAL Assisted Living Facility, LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:3526 Geneva Avenue7093 Old Orchard WayBoynton Beach, FL 33436Boynton Beach, FL 33436

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Valrie PowellName7093 Old Orchard Way(P.O. Box or Mail Drop Box **NOT** Acceptable)Boynton Beach, FL 33436(City / State / Zip)

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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 - Valrie Powell

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:MGRMValrie Powell- 7093 Old Orchard Way, Boynton Beach, FL 33436MGRMTyrone Powell- 7093 Old Orchard Way, Boynton Beach, FL 33436

(Use attachment if necessary)

REQUIRED SIGNATURE:


 Signature of a member or 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.)

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Valrie Powell

Typed or printed name of signer