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(((H070000488653)))



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Tor

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name

7702201943

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number: 120020000094

Phone

: (770)777-2091

Fax Number

: (770)220-1943

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

SCG Coral Landing Management, LLC

Certificate of Status Certified Copy 01 Page Count Estimated Charge \$160.00

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ADTICLE 1. Names

## LH070000488653)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SCG Coral Landing Management, LLC		
300 Colai Castuling Management, EEO		
ARTICLE II - Address:	- mindred - CC Col Timber 3 Timble - Channel - 1	
the mailing address and sheet address of the	e principal office of the Limited Liability Company i	
Principal Office Address:	Mailing Address:	
1123 Marbella Plaza Drive	1123 Marbella Plaza Drive	
Tampa, FL 33619	Tampa, FL 33619	
	And the state of t	
•		
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:	
	he registered agent are:	
	he registered agent are:	
The name and the Florida street address of the NRAI Services, Inc.	he registered agent are:	
The name and the Florida street address of the NRAI Services, Inc.	he registered agent are:	
The name and the Florida street address of the NRAI Services, Inc.  Na  2731 Executive Park Drive	he registered agent are:  OFFB 22  Nume  Nume	
The name and the Florida street address of the NRAI Services, Inc.  Na  2731 Executive Park Drive	he registered agent are:  OFFB 22  Suite 4	
The name and the Florida street address of the NRAI Services, Inc.  Na  2731 Executive Park Drive	he registered agent are:  OFFE 22  Suite 4	

Having heen 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.

Registered Agent's Signature Jennifer Malik, Asst. Secretary

> Page 1 of 2 (CONTINUED)

The name and address of each Man	ager or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Senior Care Group, Inc.	
	1123 Marholla Plaza Criva	_

4101434	Cerrici Care Group, inc.
	1123 Marbella Plaza Oriva
	Tampa, FL 33619
	· · · · · · · · · · · · · · · · · · ·
- Add to Article States   Article States	
	<u> </u>
Use attachment if necessary)	
And mismanistration is (vanishing).	;

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alex McClain

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- 5 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)