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# **COVER LETTER**

	egistration ivision of (	Section Corporations		
SUBJECT	. Avalo	n's Assisted Living II, LL	С	
	• —	(Name of Limite	d Liability Company)	
The enclose	ed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please retur	n all corre	spondence concerning this matte	er to the following:	
		Karen Sena		
		(	Name of Person)	
		SmallBiZ.com, Inc.		
		(	Firm/Company)	
		PO Box 13092		
	· · · · · · · · · · · · · · · · · · ·		(Address)	
		Tucson, AZ	85732	
		(City	/State and Zip Code)	
For further i	information	n concerning this matter, please	call:	
Karen	Sena		at ( 520-88	1-3989
	(Nam	ne of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is	s a check t	for the following amount:		
<b>√</b> \$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions er Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	imited Liability Com	ppany is:	
Avalon's Assisted Li	ving II, LLC		
(Mı	ist end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad			
The mailing address	ss and street address	of the principal office of the Limited Liabil	lity Company is:
Principal Office A	Address:	Mailing Address:	
740 Flower Fields La	ane	740 Flower Fields Lane	
<del></del>			
Orlando, FL 32824	egistered Agent Re	Orlando, FL 32824	gnature:
ARTICLE III - Re		egistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual	
ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration.)	egistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual	or another
ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration.)	egistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual s of the registered agent are:	SECRE DIVISION O7 AUG
ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration.) Florida street address	egistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual s of the registered agent are:	
ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration.) Florida street address	egistered Office, & Registered Agent's Signate an individual own Registered Agent. You must designate an individual softhe registered agent are:  Per Jr.  Name	SECRETARY DIVISION OF CO
ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration.) Florida street address Robert Lee Walke	egistered Office, & Registered Agent's Signate an individual own Registered Agent. You must designate an individual softhe registered agent are:  Per Jr.  Name	SECRETARY DIVISION OF CO
ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration.) Florida street address Robert Lee Walke	egistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual s of the registered agent are: er Jr. Name	SECRE DIVISION O7 AUG

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 (REQUIRED)

ARTICLE IV - The purpose for which this Professional Limited Liability Company is organized: We provide living assistance to individuals in need.

(CONTINUED) Page 1 of 2

## ARTICLE V- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Chiqquitia Sheritia Edith Carter-Walker
	556 Windrose Drive
	Orlando, FL 32824
MGRM	Robert Lee Walker Jr.
	556 Windrose Drive
	Orlando, FL 32824
Use attachment if necessary)	
E VI: Effective date, if other than	the date of filing: (OPTIC

#### **REQUIRED SIGNATURE:**

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.)

Robert Lee Walker Jr.

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

07 AUG 13 AM 11: 57