Florida Department of Sta

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : LAMONT & NEIMAN, P.A.

Account Number : 120000000051

Phone

: (305)530-9400

Fax Number

: 1 (305):530-9409 · / · ·

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hampton Court Nursing Center, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAMPTON COURT NURSING CENTER, LLC

ARTICLE II - Address:

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

16100 NW 2<sup>nd</sup> Avenue North Miami Beach, Florida 33169

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

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

Lamont Neiman Interian & Bellet, P.A.
One Biscayne Tower, 3550
Two South Biscayne Boulevard
Miami, Florida 33131

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 608, F.S..

REGISTERED AGENT

LAMONT NEDALNINTERIAN & BELLET, P.A.

By:

Jan S. Neimas

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## ARTICLE IV - Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager - managed company.

Helayne Stern, Authorized Signatory of 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.)

Helayne Stern, Authorized Signatory of Member

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