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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : T20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

57

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Golden Years Health Services, LLC

Certificate of Status	0
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Help

H07000246661 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
GOLDEN YEARS HEALTH SERVICES, LLC

ARTICLE II ADDRESS

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

96 ORLANDO BLVD
PORT CHARLOTTE, FL 33954


ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

OLGA LAWSON
96 ORLANDO BLVD
PORT CHARLOTTE, FL 33954

Having been named as registered agent 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..

X


OLGA LAWSON/ Registered Agent's Signature**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

H07000246661 3

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PAGE 2

GOLDEN YEARS HEALTH SERVICES, LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

OLGA LAWSON

96 ORLANDO BLVD

PORT CHARLOTTE, FL 33954

MANAGING MEMBER:

PRINCE LAWSON

96 ORLANDO BLVD

PORT CHARLOTTE, FL 33954

X 

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.

OLGA LAWSON

Typed or printed name of signee

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