

W08000041054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W08000018167

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TALLAHASSEE, FLORIDA

D. BRUCE

APR 23 2008

EXAMINER

**WILLIAM A. JOHNSON, P.A.**  
ATTORNEYS AT LAW  
ELDER LAW, MEDICAID & ESTATE PLANNING

April 22, 2008

Ms. Deborah Bruce  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: W08000018167  
Letter Number 008A00020917

Dear Ms. Bruce:

Enclosed please find the Revised Articles of Organization for One Senior Place Care Management, LLC, and a copy of your letter dated April 9, 2008. The revision now shows the company name ending with LLC.

Thank you for your attention.

Sincerely



Linda McConnell  
Legal Assistant to  
William A. Johnson

/lm

Enc.

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2008

DON KRAMER  
8085 SPYGLASS HILL ROAD  
MELBOURNE, FL 32940

SUBJECT: ONE SENIOR PLACE CARE MANAGEMENT  
Ref. Number: W08000018167

We have received your document for ONE SENIOR PLACE CARE MANAGEMENT and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 008A00020917

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: One Senior Place Care Management  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Kramer

(Name of Person)

One Senior Place Care Management

(Firm/Company)

8085 Spyglass Hill Road

(Address)

Melbourne, FL 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

Don Kramer

(Name of Person)

at ( 321 ) 751-6771

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing 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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

One Senior Place Care Management, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

8085 Spyglass Hill Road  
Melbourne, FL 32940

### Mailing Address:

8085 Spyglass Hill Road  
Melbourne, FL 32940

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

William A. Johnson

Name

21 Suntree Place, Suite 100

Florida street address (P.O. Box **NOT** acceptable)

Melbourne, FL 32940<sub>FL</sub>

City, State, and 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 (REQUIRED)

(CONTINUED)

**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:**

MGR

Don Kramer

349 Berkeley Street

Satellite Beach, FL 32937

MGR

Beth Kramer

349 Berkeley Street

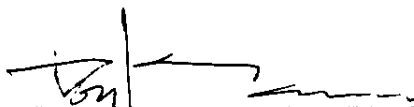
Satellite Beach, FL 32937

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Don Kramer

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)