

L080000052738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

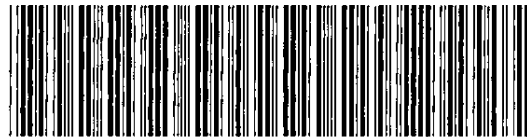
(Business Entity Name)

(Document Number)

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RECEIVED
08 MAY 28 PM 12:38
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAY 28 AM 8:35
TALLAHASSEE, FLORIDA

B. KOHR
MAY 29 2008
EXAMINER

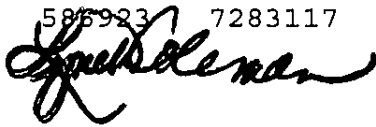
Amanda Roath

From: Amanda Haddan [ahaddan@cscinfo.com]
Sent: Wednesday, May 28, 2008 11:05 AM
To: Amanda Roath

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 0721000000032

REFERENCE : 586923 7283117

AUTHORIZATION : 

COST LIMIT : \$ 155.00

ORDER DATE : May 28, 2008

ORDER TIME : 11:04 AM

ORDER NO. : 586923-005

CUSTOMER NO: 7283117

DOMESTIC FILING

NAME: SUNCOAST SENIOR SERVICES II,
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
SUNCOAST SENIOR SERVICES II, LLC**

ARTICLE I - NAME

The name of the limited liability company is SUNCOAST SENIOR SERVICES II, LLC, ("company").

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ARTICLE II - ADDRESS

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

Principal Office Address:

10060 Barker Avenue
Englewood, Florida 34224

Mailing Address:

10060 Barker Avenue
Englewood, Florida 34224

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Ellen F. McLaughlin
10060 Barker Avenue
Englewood, Florida 34224

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..


ELLEN F. MCLAUGHLIN

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

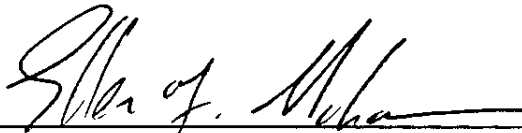
MGMR

ELLEN F. MCLAUGHLIN
10060 Barker Avenue
Englewood, Florida 34224

MGMR

THOMAS J. MCLAUGHLIN
10060 Barker Avenue
Englewood, Florida 34223

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.)

ELLEN F. MCLAUGHLIN

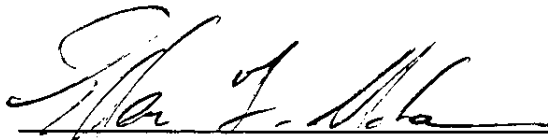
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY **SUNCOAST SENIOR SERVICES II, LLC** SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is **SUNCOAST SENIOR SERVICES II, LLC**
2. The name and the Florida street address of the registered agent and office are:
ELLEN F. MCLAUGHLIN
10060 Barker Avenue
Englewood, Florida 34224

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, Florida Statutes.



ELLEN F. MCLAUGHLIN
Registered Agent