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SECRETARY OF STATE

D. BRUCE

SEP 16 2008

**EXAMINER** 

## Benjamin Gilbert ASSISTED LIVING OPTIONS, LLC 6630 34th Ave. N St. Petersburg, FL 33710

September 11, 2008

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: ASSISTED LIVING OPTIONS, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

Benjamin Gilbert

ASSISTED LIVING OPTIONS, LLC

Seyami- Thillest

**Enclosures** 

check stapled here

FILED

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

#### **ARTICLES OF ORGANIZATION**

of

#### **ASSISTED LIVING OPTIONS, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

#### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is ASSISTED LIVING OPTIONS, LLC.

#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

#### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any lawful business or activity permitted under the laws of the State of Florida or the United States of America.

#### ARTICLE IV - ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

6630 34th Ave. N St. Petersburg, FL 33710

The organization's mailing address shall be as follows:

6630 34th Ave. N St. Petersburg, FL 33710



### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Benjamin Gilbert 817 35<sup>th</sup> Ave. N. St. Petersburg, FL 33704

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.

Benjamin Gilbert, Registered Agent

#### **ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Benjamin Gilbert 6630 34th Ave. N St. Petersburg, FL 33710

#### **ARTICLE VII - SIGNER**

The name and address of the person signing these Articles  $\tilde{\mathcal{E}}$  Organization is as follows:

Benjamin Gilbert 6630 34th Ave. N St. Petersburg, FL 33710

#### **ARTICLE VIII - MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

Benjamin Gilbert

STATE OF FLORIDA )
COUNTY OF PINELLAS )

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Benjamin Gilbert, known to me to be the person who executed the foregoing Articles of Organization, or who presented \_\_\_\_\_\_\_ as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this the State and County aforesaid, this the State and County aforesaid, this the State and County aforesaid, the State and County aforesaid and County aforesa

Notary Public, State of Florida at Large

My Commission Expires:



