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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
DEC 22 2008
EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chiefland Senior Care Center, LLC

Chiefland Senior Care Center, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Darryl J. Tompkins, Esquire

Darryl J. Tompkins, P.A.

P.O. Box 519

Alachua, FL. 32616

For further information concerning this matter, please call: Darryl J. Tompkins
at (386) 418-1000

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)
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STREET ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399
or
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
CHIEFLAND SENIOR CARE CENTER, LLC
FLORIDA LIMITED LIABILITY COMPANY**

FILED
08 DEC 18 PM 2:51
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHIEFLAND SENIOR CARE CENTER, LLC

ARTICLE II - Address:

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

Principal Office Address:

15260 NW 147th Dr., Ste A
Alachua, FL 32615

Mailing Address:

15260 NW 147th Dr., Ste A
Alachua, FL 32615

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

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

James McCauley

Name

15260 NW 147th Dr., Ste A

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

Alachua, FL 32615

City, State, Zip

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.



Registered Agent's Signature

ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

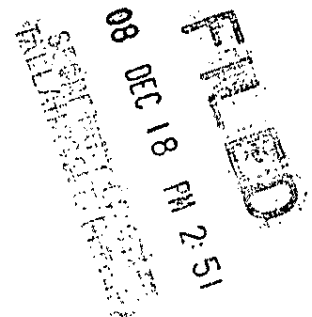
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James McCauley
15260 NW 147th Dr., Ste A
Alachua, FL 32615



(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read "James McCauley", written over a horizontal line.

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.)

James McCauley

Type of printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)