

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I2000000146

: (305)444-4994

Fax Number

: (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ACTIVE ADULT DAY CARE CENTER, LLC

Certificate of Status	0_
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

S. HAWKES

MAY **2 7** 2009

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05/26/2009

ECER

May 25 2009 23:09

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΔR	TICL	.F. 1	- No	me

The name of the Limited Liability Company is:

Active	Adult	Day	Care	Center,	LL	C
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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

		, 7
1470 NW 36 SI	8390 SW 5 St	·
Miami Fi 33142	Miaml, Fl 33144	

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:

Julio Pilo	io
	Name
8390 SW	/ 5 Street
	Florida street address (P.O. Box NOT acceptable)
Miami	_{FL} 33144
	City, State, and 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, F.S.

gistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM _	Julio Piloto
	8390 SW 5 St
	Miaml FI 33144
· · · · · · · · · · · · · · · · · · ·	
•	
(Use attachment if necessary)	
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LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a maccordance were	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury stated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2