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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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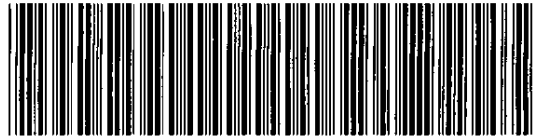
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
MAY 29 2009
EXAMINER

Stewart B. Capps, P.A.

Attorneys at Law

Stewart B. Capps

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May 28, 2009

Via Federal Expresss

Registration Section
Division of Corporations
Clifton Building, 2661 Executive Center Circle
Tallahassee, FL 32314

Re: Articles of Organization:
Assisted Living at Melbourne Beach, LLC

Dear Sir/Madam:

I am herewith enclosing an original and one copy of the Articles of Organization for the above referenced Limited Liability Company. I have also enclosed a check in the amount of \$125.00 made payable to Florida Secretary of State for the filing fee. After filing please send a copy of the filed Articles to me via the enclosed envelope.

Thank you for your assistance. If you have any questions regarding this filing, please do not hesitate to call me.

Sincerely yours,



Stewart B. Capps

SBC/dp
Enclosure

**ARTICLES OF ORGANIZATION
FOR
ASSISTED LIVING AT MELBOURNE BEACH, LLC**

ARTICLE I – NAME

The name of the Limited Liability Company is
ASSISTED LIVING AT MELBOURNE BEACH, LLC

ARTICLE II – ADDRESS

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

Principal Office Address

664 S. Patrick Drive
Satellite Beach, FL 32937

Mailing Address

664 S. Patrick Drive
Satellite Beach, FL 32937

**ARTICLE III – REGISTERED AGENT
REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

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

Thomas J. Palumbo
664 S. Patrick Drive
Satellite Beach, FL 32937

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.



Thomas J. Palumbo
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

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SECRETARY OF STATE

The name and address of the Manager or Managing Member(s) is as follows:

Title:

Name and Address:

MANAGING MEMBER

Thomas J. Palumbo
664 S. Patrick Drive
Satellite Beach, FL 32937

MANAGING MEMBER

Bryan Lynch
664 S. Patrick Drive
Satellite Beach, FL 32937

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with §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.)

Thomas J. Palumbo
Typed or printed name of signee

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with §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.)

Thomas J. Palumbo
Typed or printed name of signee

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