L09000100485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

500161822765

10/19/09--01007--001 **155.00

RECEIVED
09 OCT 19 AM 9:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 19 AM 10:06

B. KOHR

OCT 19 2009

EXAMINER

AUSLEY & MCMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

October 19, 2009

Secretary of State's Office
Division of Corporations
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

RE: Tallahassee Senior Care, LLC

Dear Sir or Madam:

Enclosed for filing are Articles of Organization for the above-referenced company and our check for $155.00. Also enclosed is an extra copy of the Articles for the certified copy. Please call Chris Vause at 425-5446 when the certified copy is ready to be picked-up.

Thank you for your assistance.

Sincerely,

Chris Vause
Secretary to Robert A. Pierce

/cv
Enclosures

u:\adm\sec of state - articles-llc.doc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 19 AM 10:06

ARTICLES OF ORGANIZATION
OF
TALLAHASSEE SENIOR CARE, LLC

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

ARTICLE 1.
Name

The name of the Limited Liability Company is **TALLAHASSEE SENIOR CARE, LLC.**

ARTICLE 2.
Address

The street address of the place of business in Florida is:

2236 Capital Circle Northeast
Suite 101
Tallahassee, Florida 32308

The mailing address of the place of business in Florida is:

2236 Capital Circle Northeast
Suite 101
Tallahassee, Florida 32308

ARTICLE 3.
Registered Agent and Registered Office

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Emily S. Waugh
227 South Calhoun Street
Tallahassee, Florida 32301

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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.

Emily S. Waugh, Registered Agent

ARTICLE 4.
Management

The name and address of the Manager are as follows:

Scott Brookins, MGR

2236 Capital Circle Northeast
Suite 101
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 16th day of October, 2009.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

Emily S. Waugh
Authorized Representative of the Member

h:\tax\rap\talla senior care\articles.doc