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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09 OCT 19 AM 9:00

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B. KOHR

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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

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

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

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**ARTICLES OF ORGANIZATION  
OF  
TALLAHASSEE SENIOR CARE, LLC**

FILED  
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DIVISION OF CORPORATIONS  
09 OCT 19 AM 10:06

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**

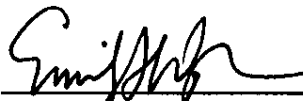
The name and address of the Manager are as follows:

**Scott Brookins, MGR**

2236 Capital Circle Northeast  
Suite 101  
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 16<sup>th</sup> 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

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