

L091000103714

Florida Department of State
Division of Corporations
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L. SELLERS

OCT 28 2009

To: Division of Corporations
Fax Number : (850) 617-6383

Att: **EXAMINER**

Leslie Sellers

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

FLORIDA/FOREIGN LIMITED LIABILITY CO.

AHI- The Oaks at St. Johns, LLC

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$125.00

09 OCT 27 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Electronic Filing Menu

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October 27, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

SUBJECT: AHI- THE OAKS AT ST. JOHNS, LLC
REF: W09000047802

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Only 2 of 3 pages pertaining to this filing were received in this office. Please refile your entire document.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H09000228270
Letter Number: 109A00034014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AHI - The Oaks At St Johns, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

29 Armory Rd., Suite 1
Milford, NH 03055

29 Armory Rd., Suite 1
Milford, NH 03055

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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation FL 33324

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.

CT Corporation System

By: Michael Seraphin

Registered Agent's Signature (REQUIRED)

Michael Seraphin Asst. Secretary

(CONTINUED)

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:

MGR

Hillcrest Management, LLC

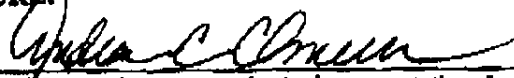
29 Armory Rd., Suite 1

Milford, NH 03055

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: upon filing. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Andrea C. Chomakos, Authorized Representative of Member

Typed or printed name of signer

Filing Fees:

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

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