

L10000076300

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000165206 3)))



H100001652063ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-0663

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fcianflone@rtlaw.com

RECEIVED
10 JUL 20 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
BROOKS SKILLED NURSING MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
10 JUL 20 AM 7:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON
JUL 21 2010
EXAMINER

**ARTICLES OF ORGANIZATION
OF
BROOKS SKILLED NURSING MANAGEMENT, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: BROOKS SKILLED NURSING MANAGEMENT, LLC.

**ARTICLE II
ADDRESSES**

The initial mailing address and street address of the Company is 3599 University Blvd. S., Jacksonville, Florida 32216.

**ARTICLE III
REGISTERED AGENT**

The name of the initial registered agent of the Company is Robert H. Pritchard, whose street address is 1301 Riverplace Boulevard, Suite 1500, Jacksonville, Florida 32207.

**ARTICLE IV
MANAGEMENT**

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

**ARTICLE V
LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 19~~th~~ day of July, 2010. 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.

By: 
Robert H. Pritchard,
Authorized Representative

H10000165206 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is:

BROOKS SKILLED NURSING MANAGEMENT, LLC

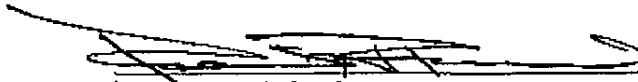
2. The name and the Florida street address of the registered agent are:

**ROBERT H. PRITCHARD
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FLORIDA 32207**

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.

Dated: July ~~19~~²⁰, 2010

Signature of Registered Agent


Robert H. Pritchard

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL 20 AM 7:09