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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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COVER LETTER

Registration Section
Division of Corporations

·TO:

· SUBJECT:	Agewell Flo	orida, LLC		
boaden	Name of Limite	ed Liability Compan	у	
The enclosed Articles of Org	ganization and fee(s) are	submitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Charles D.	Thomas, Esq.		·	
		Name of Person		
Thompson 8	& Thomas, PA			
		Firm/Company		
1801 Indian	Road, Ste. 100)		
		Address		
West Palm Be	each, FL 33409			
		y/State and Zip Code		
tl@transnation	altitle.com -mail address: (to be used f			
	,	•	notification)	
For further information conc	erning this matter, please	call:		
Charles D. Thomas, Esq.		_ 41 (651-4150	
Name of Pe	rson	Area Code &	z Daytime Tele	phone Number
Enclosed is a check for the	e following amount:			
\$125.00 Filing Fee \$1	30.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy i	, <u> </u>	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	Iailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Registration Division of Clifton Bui	Corporations lding utive Center C	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2010

CHARLES D. THOMAS ESQ THOMAS & THOMAS PA 1801 INDIAN ROAD, STE. 100 WEST PALM BEACH, FL 33409

SUBJECT: AGEWELL FLORIDA, LLC

Ref. Number: W10000054869

We have received your document for AGEWELL FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P99000042363.

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

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

Letter Number: 610A00027498

Division of Cornerations DO ROY 6327 Tallahaggae Florida 2921

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
OF PAIM beach	
Agewell Elorid a, 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 mailing address and street address of the mailing address of the mailing address and street address.	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
400 Village Square Crossing Palm Beach Gardens, FL 33410-3227	400 Village Square Crossing Palm Beach Gardens, FL 33410-3227
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Charles D. Thomas	s, Esquire
	Name
1801 Indian Re	oad, Ste. 100
Florida stre	eet address (P.O. Box <u>NOT</u> acceptable)
West Palm Beach	_{FL} 33409
Ci	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited of in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of acte performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Margaret Damerau
<u></u>	400 Village Square Crossing
	Palm Beach Gardens, FL 33410-3227
MGRM	Mark Damerau
	400 Village Square Crossing
	Palm Beach Gardens, FL 33410-3227
	
(Use attachment if necessary)	
• *	(0 0
ARTICLE V: Effective date, if other the last an effective date is listed, the date more or 90 days after the date of filing.)	an the date of filing:
REQUIRED SIGNATURE:	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Charles D. Thomas, Esquire

Typed or printed name of signee

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)