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.

(((H11000021890 3)))



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

from:

Account Name

: FLOYD, SAMMONS & SPANJERS, P.A.

Account Number: 076726003533

Phone

; (063)293-3801

Fax Number

: (863)294-0976

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

Email Address: FILLDIRT @TAMPABAY.RR.COM

FLORIDA LIMITED LIABILITY CO. Mid-State Grove Care, LLC

	0
Certificate of Status	U
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing MenMCLEO Belp

JAN 27 2011



Fax Audit Number H 11000021890 3

## ARTICLES OF ORGANIZATION

OF

#### Mid-State Grove Care, LLC

The undersigned member files these Articles of Organization of a new Limited Liability Company, under the laws of the State of Plorida.

#### ARTICLE I. NAME

The name of this limited liability company is: Mid-State Grove Care, LLC

#### ARTICLE II. INITIAL PRINCIPAL OFFICE

The street address of the initial principal office of the Company in the State of Florida is 4 Lake Link Drive SE, Winter Haven, FL 33884. The mailing address of the initial principal office of the Company in the State of Florida is 4 Lake Link Drive SE, Winter Haven, FL 33884. The Members may from time to time move the principal office to any other address.

THIS INSTRUMENT PREPARED BY:
Kobert U. Sammons, Esq.
Floyd, Sammons & Spanjers, P.A.
1556 Sixth Street SE
Winter Haven, FL 33880-4509
Florida Bar Number 282952
(863) 293-3801

11 JAN 26 AM IO: 05

No. 0857 P. 3

Fax Audit Number H 11000021890 3

#### ARTICLE III, INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the limited liability company in the State of Florida is 1556 Sixth Street SE. Winter Haven, FL 33880-4509, and the name of the limited liability company's initial registered agent at that address is Robert O. Sammons, Esq..

#### ARTICLE IV. MANAGEMENT

The limited liability company shall be managed by its members.

If the members of the limited liability company appoint officers, the officers shall have the powers of such officers of a Florida corporation.

#### ARTICLE V. EXISTENCE

The limited liability company shall have a perpetual existence, beginning upon the signing of these articles.

#### ARTICLE VI. PERMANIENT MEMBERS

The names and street addresses of the permanent members of the limited liability company shall be:

Name

Address

Carl D. Floyd

4 Lake Link Drive SE, Winter Haven, FL 33884

Charles M. Cames

3750 West Lake Hamilton Drive, Winter Haven, PL 33881-9201

Pax Audit Number II 11000021890 3

Fax Audit Number H 11000021890 3

#### ARTICLE VII, SIGNING MEMBER

The name and street address of the Signing Member to these Articles of Organization is:

Name

Address

Carl D. Floyd

4 Lake Link Drive, Winter Haven, FL 33884

Executed this \_2 @ day of January, 2011.

Carl D. Floyd, Signing Member

Fax Audit Number II 11000021890 3

# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE GERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

That Mid-State Grove Care, LLC, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of organization, at 4 Lake Link D. 1900, Winter Haven, FL 33880-4509, Polk County, Florida, as its agent to accept service of process within this state.

Carl D. Floyd, Signing Member

## ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated Company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said act relative to keeping open said office. I am familiar with, and accept, the obligations of that position.

Robert O. Sammons, Esq.

Registered Agent