

L11000029292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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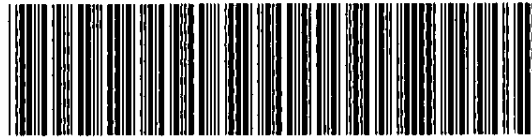
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

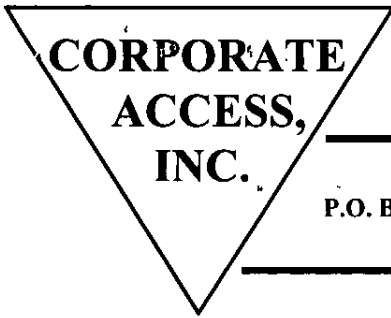
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EXAMINER



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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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1. Sunlit Cove Healthcare Consultants, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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ARTICLE I - Name:

The name of the limited liability company is Sunlit Cove Healthcare Consultants, LLC.

ARTICLE II – Address:

The mailing address and street address of the principal office of the limited liability company is:

336 89th Avenue North
St. Petersburg, Florida 33702

ARTICLE III – Registered Agent/Registered Office

The mailing address and street address of the limited liability company's initial registered agent in Florida is:

Lori Intravichit
336 89th Avenue North
St. Petersburg, Florida 33701


Lori Intravichit, Member

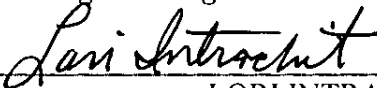
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, 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 Sunlit Cove Healthcare Consultants, LLC.
2. The name and the Florida street address of the registered agent are:

Lori Intravichit
336 89th Avenue North
St. Petersburg, Florida 33702

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.



LORI INTRAVICHIT