

Jan. 6, 2012 11:23 AM Gray Robinson
Division of Corporations

No. 0103 Page 1 of 1

L12 0000003009

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

FILED
2012 JAN -6 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

((H120000049373)))



H120000049373ABC-

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: Carrie L. Ramos, Paralegal, please fax confirmation to (407) 244-5690
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Grand Palms Assisted Living, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
12 JAN -6 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

J. BRYAN

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2012 JAN -6 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
Name

The name of this Limited Liability Company is:

Grand Palms Assisted Living, LLC

ARTICLE II
Address

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

2033 Main Street, Suite 300
Sarasota, Florida 34237

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Manager

The name and address of the initial Manager of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Brian Fuhrmeister	2033 Main Street, Suite 300 Sarasota, Florida 34237

FILED
2012 JAN -6 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company are:

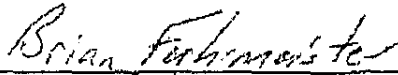
Michael E. Neukamm
301 E. Pine Street, Suite 1400
Orlando, Florida 32801

Having been named as registered agent to accept service of process for the above referenced 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, Florida Statutes.


REGISTERED AGENT'S SIGNATURE

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 section 817.155, Florida Statutes.


AUTHORIZED REPRESENTATIVE'S SIGNATURE


Type or printed name of signer

FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)