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Division of Corporations  
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**To:**

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**From:**

**GAIL S ANDRE**

Account Name : LOWMEDES, DROSDICK, DOSTER, KANTOR & REED, P  
Account Number : 072720000036  
Phone : (407) 843-4600  
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**PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.**

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**FLORIDA LIMITED LIABILITY CO.  
SONATA WEST ORANGE, LLC**

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**EXAMINER**

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**ARTICLES OF ORGANIZATION  
OF  
SONATA WEST ORANGE, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is Sonata West Orange, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**


The mailing address and street address of the principal office of the Company is 301 East Pine Street, Suite 730, Orlando, Florida 32801.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 301 East Pine Street, Suite 730, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is Shelley Esden.

**ARTICLE IV - MANAGEMENT**

The Company is a member-managed limited liability company and the initial managing member of the Company is Sonata Health Care Tenant, LLC, a Florida limited liability company.

  
\_\_\_\_\_  
Stuart J. Beebe, Member or Authorized  
Representative of a Member

**ACCEPTANCE OF REGISTERED AGENT**

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 as provided for in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Shelley Esden