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Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.  
WATERCREST OF LAKE NONA SENIOR LIVING, LLC**

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Name: Andre, Gail  
Fax Number: 407-843-4444

**To:**

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*Thank you.*

**ARTICLES OF ORGANIZATION  
OF  
WATERCREST OF LAKE NONA SENIOR LIVING, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is Watercrest of Lake Nona Senior Living, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**


The mailing address and street address of the principal office of the Company is 445 24th Street, Suite 300, Vero Beach, Florida 32960.

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

The street address of the initial registered office of the Company is 445 24th Street, Suite 300, Vero Beach, Florida 32960, and the name of the initial registered agent of the Company at that address is Joan T. Williams.

**ARTICLE IV - MANAGEMENT**

The Company is member-managed and will be managed by its member or members under the terms of its operating agreement.

  
\_\_\_\_\_  
Joan T. Williams, 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.

  
\_\_\_\_\_  
Joan T. Williams