

L14000149389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

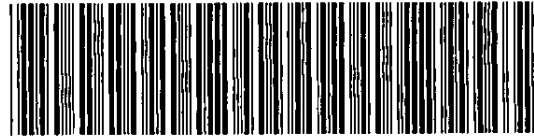
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500264351935

09/24/14--01001--028 **125.00

RECEIVED
FILED
2014 SEP 23 PM 4:36
19 JASON L. ROSE
SUFFICIENT FILING

FILED
14 SEP 23 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 2014

T. BROWN

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

Hart & Cohan Assisted
Living & Health Services, LLC

FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 9/23/14 TIME _____

Notes: _____

FILED
14 SEP 23 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

FOR

HART & COHAN ASSISTED LIVING & HEALTH SERVICES, LLC

ARTICLE I - Name

The name of this Limited Liability Company is:

HART & COHAN ASSISTED LIVING & HEALTH SERVICES, LLC

ARTICLE II - Business Activity

The nature of the business of this company is any and all lawful business which a Limited Liability Company is permitted to conduct in the State of Florida.

ARTICLE III - Address

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

ADDRESS

3755 Kloss Street
Mims, FL 32754

ARTICLE III - Managing Members

This is a multi-member Limited Liability Company. The name and address of the managing member is:

NAME

ADDRESS

Chrystel Hart

3755 Kloss Street
Mims, FL 32754

ARTICLE IV – Registered Agent And Office And Registered Agent's Signature

The name and Florida street address of the registered agent are:

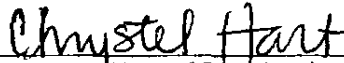
NAME

ADDRESS

Chrystel Hart

3755 Kloss Street
Mims, FL 32754

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.



Chrystel Hart, Registered Agent

ARTICLE V - Effective Date

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified herein. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the regulations.



Chrystel Hart, Managing Member

(In accordance with Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)