

L14000160347

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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.

(((H14000240869 3)))



H140002408693ABC1

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:
Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

FILED
14 OCT 14 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
Email Address: REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

RECEIVED

14 OCT 14 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
OSPREY PINES SENIOR GP, LLC**

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

(((H14000240869 3)))

**ARTICLES OF ORGANIZATION
OF
OSPREY PINES SENIOR GP, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is OSPREY PINES SENIOR GP, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

150 Second Avenue North, Suite 1200
St. Petersburg, FL 33701

The mailing address of the principal office of the Company is as follows:

150 Second Avenue North, Suite 1200
St. Petersburg, FL 33701

FILED
14 OCT 14 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

**ARTICLE IV
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

James F. Basque
1000 Legion Place, Suite 1700
Orlando, FL 32801

(((H14000240869 3)))

**ARTICLE V
MANAGEMENT**

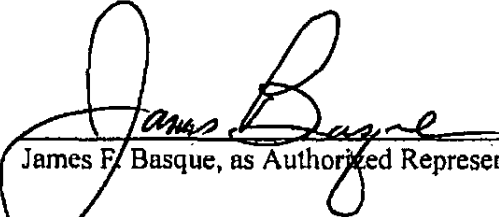
The name and address of each person authorized to manage and control the Company:

Title	Name and Address
Managers	JMW OH LLC 150 Second Avenue North, Suite 1200 St. Petersburg, FL 33701
	DRL OP LLC 1627 East Vine Street, Suite E Kissimmee, FL 34744

FILED
14 OCT 14 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE VI
APPLICABLE LAW**

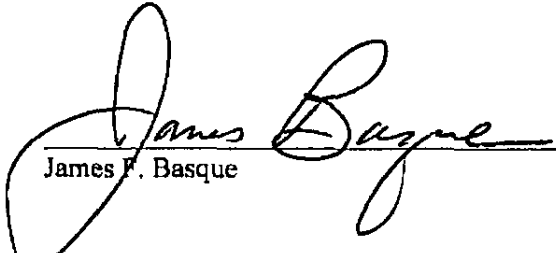
The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.


James F. Basque, as Authorized Representative

**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 605 of the Florida Statutes.


James F. Basque