

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L14000186843
FILED 8:00 AM
December 08, 2014
Sec. Of State
nculligan**

Article I

The name of the Limited Liability Company is:

AMBASSADOR HEALTH CARE, LLC

Article II

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

1253 BOONE LANE
GRAND RIDGE, FL. US 32442

The mailing address of the Limited Liability Company is:

P. O. BOX 432
GRAND RIDGE, FL. US 32442

Article III

Other provisions, if any:

TO OWN AND OPERATE ASSISTED LIVING FACILITIES AND TO ENGAGE
IN ALL LAWFUL BUSINESS ACTIVITIES AUTHORIZED BY CHAPTERS
605 AND 608, FLORIDA STATUTES, AS NOW ENACTED OR HEREAFTER
AMENDED.

Article IV

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

MICHAEL CLAYTON
1253 BOONE LANE
GRAND RIDGE, FL. 32442

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.

Registered Agent Signature: MICHAEL CLAYTON

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGRM
MICHAEL CLAYTON
1253 BOONE LANE
GRAND RIDGE, FL. 32442 US

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Signature of member or an authorized representative

Electronic Signature: MICHAEL CLAYTON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.