

12/31/2014 2:11:24 PM

Andre, Gail

LDDKR

Page 2

Division of Corporations

Page 1 of 1

L150000000005

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.

((H140003018653)))



H140003018653ABC

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: GAIL S. ANDRE

Account Name : LOWMEYER, BROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION WITH AN EFFECTIVE DATE OF JANUARY 1, 2015 AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

FLORIDA LIMITED LIABILITY CO.
LAKE HOUSE ASSISTED LIVING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED

14 DEC 31 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

Lowndes
Drosdick
Doster &
Kantor
Reed, P.A.

215 NORTH EOLA DR
ORLANDO, FLORIDA 32801

450 SOUTH ORANGE AVENUE, SUITE 200
ORLANDO, FLORIDA 32801

ATTORNEYS
AT LAW

THE MERITAS LAW FIRM WORLDWIDE

POST OFFICE BOX 2809, ORLANDO, FLORIDA 3202-2809

TEL.: 407-329-4600 / FAX.: 407-843-4444

www.lowndes-law.com

From:

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

To:

Name: DIVISION OF
CORPORATIONS
Company:
Fax Number: 1-850-617-6383

Subject

Comments

Date and time of transmission: 12/31/2014 2:28:34 PM

Number of Pages: 2

If you did not receive all of the pages, please contact us as soon as possible.

The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage.

Thank you.

2014 DEC 31 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
LAKE HOUSE ASSISTED LIVING, LLC**

ARTICLE I - NAME

The name of this limited liability company is Lake House Assisted Living, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 1071 Lake Ave NE, Largo, Florida 33771.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1071 Lake Ave NE, Largo, Florida 33771 and the name of the initial registered agent of the Company at that address is Cheryl R. Moore.

ARTICLE IV - MANAGEMENT

The Company is member-managed for the purposes of Section 605.0407, Florida Statutes, and other relevant provisions of Chapter 605, Florida Statutes, and the initial member of the Company is Rosewood House II, Inc. The effective date of this filing is January 1, 2015.


Cheryl R. Moore, Authorized Representative

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 605, Florida Statutes.


Cheryl R. Moore