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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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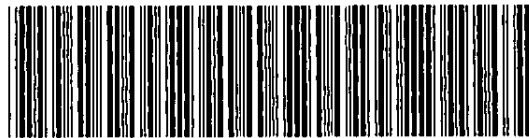
(Business Entity Name)

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15 APR 17 AM 10:15
DIVISION OF CORPORATIONS
FILED
15 APR 17 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2015

T. BROWN

AUSLEY & McMULLEN

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ewaugh@ausley.com

April 17, 2015

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

RE: Vickery Senior Living, LLC

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for Vickery Senior Living, LLC. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of \$155.00 for the filing fee and certified copy.

We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you for your assistance. Please call if you have any questions.

Sincerely,



Emily S. Waugh

ESW/jg

Enclosures

**ARTICLES OF ORGANIZATION
OF
VICKERY SENIOR LIVING, LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **Vickery Senior Living, LLC**

**ARTICLE 2.
Address**

The street address and mailing address of the place of business in Florida are:


4967 Glen Castle Drive (32309)
P. O. Box 13085 (32317-3085)
Tallahassee, Florida

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

EMILY S. WAUGH
Ausley & McMullen, P.A.
123 South Calhoun Street
Tallahassee, Florida 32301

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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.



EMILY S. WAUGH, Registered Agent

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15 APR 17 PM 12:20
TALLAHASSEE, FLORIDA

**ARTICLE 4.
Management**

The Limited Liability Company shall be a Member-managed company. The name and address of the initial member is:

M. SCOTT BROOKINS, AMBR

P. O. Box 13085
Tallahassee, Florida 32317-3085

In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, F.S.



EMILY S. WAUGH, Authorized Representative
of the Initial Member, M. Scott Brookins