

APR/27/2015 1:03 PM FAX No. 3356
4/27/2015 Division of Corporations

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
FALCON SENIOR CARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

15 APR 27 AM 10:00

INFORMATION SERVICES

TJS
4.28.15

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FALCON SENIOR CARE, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:2333 PONCE DE LEON BLVD2333 PONCE DE LEON BLVDSTE 630STE 630CORAL GABLES, FL 33134CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

FALCON AMERICAS INC.

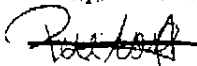
Name

2333 PONCE DE LEON BLVD SUITE: 630Florida street address (P.O. Box NOT acceptable)CORAL GABLESFL 33134

City

Zip

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, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

FALCON AMERICAS INC.

2333 PONCE DE LEON BLVD SUITE: 630

CORAL GABLES, FL 33134

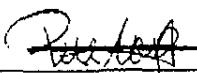
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the 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 s 817.155, F.S.)

PEDRO LOPEZ

Typed or printed name of signer

2015 APR 21 A 8:01
FILED
CLERK OF THE COURT
STATE OF FLORIDA