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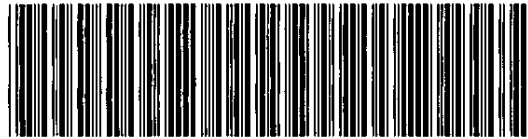
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SHUMAKER.
Shumaker, Loop & Kendrick, LLP

Bank of America Plaza 813.229.7600
101 East Kennedy Boulevard 813.229.1660 fax
Suite 2800
Tampa, Florida 33602

www.slk-law.com

JON P. SKELTON
813.676.7211
jskelton@slk-law.com

June 2, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

Re: Articles of Organization for Moore Care Assisted Living Facility, LLC

Dear Sir or Madam:

Please find enclosed herewith for filing with the Florida Department of State, Division of Corporations, the Article of Organization for MOORE CARE ASSISTED LIVING FACILITY, LLC, as well as a check in the amount of \$125.00 made payable to the Florida Department of State.

If you have any questions or concerns with respect to this filing, please do not hesitate to contact me at your convenience. Thank you.

Very truly yours,



Jon P. Skelton

JPS\lb
Enclosures

ARTICLES OF ORGANIZATION

MOORE CARE ASSISTED LIVING FACILITY, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

Moore Care Assisted Living Facility, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

14808 St. Ives Place
Tampa, FL 33624

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

David L. Moore
14808 St. Ives Place
Tampa, FL 33624

ARTICLE IV MANAGEMENT

The Company is a manager-managed limited liability company for purposes of the Florida Revised Limited Liability Company Act and its manager(s) shall be appointed and serve in accordance with the terms and conditions set forth in the Company's operating agreement, as the same may be amended from time to time.

These Articles of Organization have been executed as of the 30 day of May, 2015.

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A handwritten signature, appearing to be 'DL', is written above a horizontal line.

David L. Moore

“Authorized Representative”

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.


1. The name of the Limited Liability Company is:

MOORE CARE ASSISTED LIVING FACILITY, LLC
2. The name and the Florida street address of the registered agent are:

David L. Moore
14808 St. Ives Place
Tampa, FL 33624

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 5/30/15



DAVID L. MOORE

"REGISTERED AGENT"

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CLERK OF CIRCUIT COURT