

L150000167002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

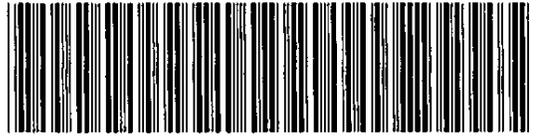
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900277641599

900277641599
10/01/15--01003--024 **155.00

RECEIVED
DEPARTMENT OF REVENUE
FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
15 OCT -1 PM 2:09
15 OCT -1 PM 3:31
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

OCT 01 2015

T SCHROEDER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

10/1

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING LLC _____

1. Eden's Restored Assisted Living LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

EDEN'S RESTORED ASSISTED LIVING LLC

ARTICLE II.

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

2127 DEWEY STREET

HOLLYWOOD FL 33023

The mailing address of the Limited Liability Company is:

104 NEWTON RD

WEST PARK FL 33023

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

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

OSHANE JACKSON

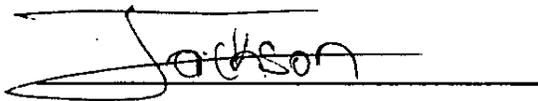
104 NEWTON RD

WEST PARK FL 33023

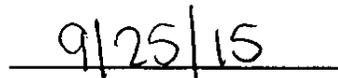
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT -1 PM 3:31

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



Date:

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

SASHA MARSH

611 SW 66TH TERR

PEMBROKE PINES FL 33023



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT - 1 PM 3:31

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.

Sasha Marsh

Signature of a member or an authorized representative of a member.

Sasha Marsh

Typed or printed name of signee

9/25/15

Date

15 OCT - 1 PM 3:31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS