

L15000167002

(Requestor's Name)

(Address)

(Address)

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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:

OSHA NE JACKSON

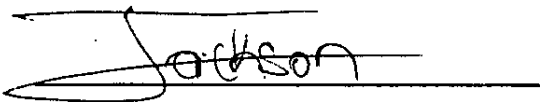
104 NEWTON RD

WEST PARK FL 33023

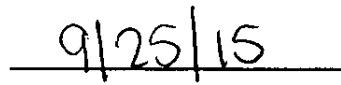
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

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:

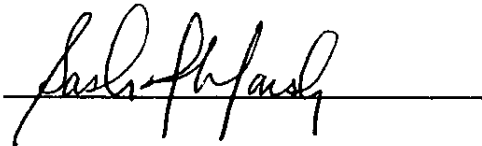
Name and Address:

Title: MGRM

SASHA MARSH

611 SW 66TH TERR

PEMBROKE PINES FL 33023



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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

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