

**L50376690****Florida Department of State****Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
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15 OCT 16 PM 3:10  
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**FLORIDA LIMITED LIABILITY CO.  
TAPESTRY LIFECARE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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FILED  
15 OCT 16 PM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF  
TAPESTRY LIFECARE, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 605 Florida Statutes as follows:

**ARTICLE I**

The name of this limited liability company is TAPESTRY LIFECARE, LLC.

**ARTICLE II**

This limited liability company shall become effective on the date of filing, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members.

**ARTICLE III**

The mailing address and street address of the principal place of business of this limited liability company are:

Street address: 568 Battersea Drive  
Saint Augustine, FL 32095

Mailing address: 568 Battersea Drive  
Saint Augustine, FL 32095

This limited liability company may, at its discretion, change the address of its principal place of business.

**ARTICLE IV**

The name and street address of the initial registered agent of this limited liability company is Cohen Norris Wolmer Ray Telepman Cohen, Attorneys at law, 712 U.S. Highway One, Suite 400, North Palm Beach, FL 33408.

**ARTICLE V**

The management of this limited liability company shall be vested in a manager and is, therefore, a manager-managed company. The initial managers are KATHLEEN ANN KAVANAGH and MICHAEL CHRISTOPHER KAVANAGH, 568 Battersea Drive, Saint Augustine, FL 32095.

**ARTICLE VI**

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

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10-16-15 10:03am From-

T-384 P.03/04 F-462

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IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 12<sup>th</sup> day of  
October, 2015.

  
Kathleen A. Kavanagh, Manager

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**CERTIFICATE DESIGNATING REGISTERED  
OFFICE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN  
THE STATE OF FLORIDA.

That **TAPESTRY LIFECARE, LLC**, a Florida Limited liability company, with its  
registered office at 568 Battersea Drive, Saint Augustine, FL 32095, has named, **Cohen Norris  
Wolmer Ray Teleman Cohen, Attorneys at Law**, at 712 U.S. Highway One, Suite 400, North  
Palm Beach, FL 33408 as its initial registered agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

*Having been named registered agent 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 such 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.*

Cohen Norris Wolmer Ray Teleman  
Cohen, Attorneys at Law

By: \_\_\_\_\_  
Jonathan Berkowitz,  
Registered Agent

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