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SECRETARY OF STATE

C. GOLDEN

FEB -2 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COUNTRY HILL LIVING, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANN BLACK

Name of Person

SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A.

Firm/Company

3520 THOMASVILLE ROAD, FOURTH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

exquisitestage@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BLACK

850

893-4105

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2011 FEB -2 PM 4:45  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
OF  
COUNTRY HILL LIVING, LLC**

FILED

2017 FEB -2 PM 4:45

CLERK OF  
TALLAHASSEE

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **COUNTRY HILL LIVING, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing of the business in Florida for the Company is **1400 Village Square Blvd., Suite #3-274, Tallahassee FL 32312-1231**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: **1400 Village Square Blvd., Suite #3-274, Tallahassee FL 32312-1231**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **A. SOPHIA C. MEJIA** and the initial, registered office is located at **1400 Village Square Blvd., Suite #3-274 Tallahassee FL 32312-1231.**

7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company is as follows:

A. Sophia C. Mejia  
**1400 Village Square Blvd., Suite #3-274  
Tallahassee FL 32312-1231**

**EXECUTED** at Tallahassee, Leon County, Florida this 31 day of January, 2017.

  
A. Sophia C. Mejia

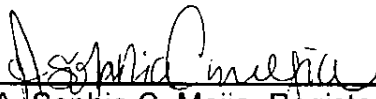
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **COUNTRY HILL LIVING, LLC.**
2. The name of the registered agent and office is: **A. Sophia C. Mejia at 1400 Village Square Blvd., Suite #3-274, Tallahassee FL 32312-1231.**

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
A. Sophia C. Mejia, Registered Agent

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2017 FEB -2 PM 4:45  
TALLAHASSEE FL 32301