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M. Moon

# COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Woodhord Home in Province 1  Name of Limited Liability Company	*.LCc
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Thomas Eric woodham Name of Person	
Thomas Eric woodham  Name of Person  Woodham Home in Prod ma  Firm/Company	"NT
3/2 South 20th Street Def	Whaci Sfr. No
FL. 32435	
FL. 32435 City/State and Zip Code ETICWOODGOODGONIAL.COM	
E-mail address: (to be used for future annual report notification)	المنول عيسه
For further information concerning this matter, please call:	7 PA
150mas woodban (850) 520 318	80 25 Magazin
Name of Person Area Code Daytime Telephone Num	ber SA
Enclosed is a check for the following amount:	<b>9</b> 원생
Certificate of Status — Certified Copy — Co	60.00 Filing Fee, 77 SF critificate of Status & rtified Copy itional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circ Tallahassee, FL 32301	e

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Woodham's Home in ProvineNT. LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:	<u>Ma</u>	iling Address:		
DEFUNTACE SPINGS			_	
F6 32435			-	
ARTICLE III - Registered Agent, Registered Office, & Registered Agenther Limited Liability Company cannot serve as its own Registered Agenother business entity with an active Florida registration.)				; -
The name and the Florida street address of the registered agent are:			17 APR	13.0 12.0 13.0
Promas E Wood	odlar	_	2 25	
3/2 SOUTH 207	th STRE.	e 7_	Ŷ	
Florida street address (P.O. Box NC			မှာ မာ	
DEFusikasyr. 1/3	5 FL 3 Zip	32422	~ .	ń

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 (REQUIRED)

(CONTINUED)

	authorized Member	Name and Address:
"MGR" = Ma	inager	Tromus Fric woodh an M
	<del></del>	Thomas Etic woodham M 312 suty 20th street Deturaction springs 12, 32
		DEFUNCATION SPr. NGSFZ, 32
	424,-424,-44	· · · · · · · · · · · · · · · · · · ·
	<del> </del>	
(Use attachm	ent if necessary)	- 6 00/7
of filing.)		of filing: $\frac{4-26-2017}{2}$ . (OPTIONAL) cific and cannot be more than five business days prior to or 90
<b>of filing.)</b> Ethe date inse		eet the applicable statutory filing requirements, this date will no
of filing.) the date inserment's effection	rted in this block does not me	eet the applicable statutory filing requirements, this date will no
of filing.) The date inserment's effecti E VI: Other p	rted in this block does not movive date on the Department o	eet the applicable statutory filing requirements, this date will no
of filing.) the date inserment's effecti E VI: Other p	rted in this block does not movive date on the Department of provisions, if any.	eet the applicable statutory filing requirements, this date will no
of filing.) The date inserment's effecti E VI: Other p	Signature of a mer This document is executed in this block does not me ive date on the Department of a mer This document is executed I am aware that any false	mber or an authorized representative of a member.
of filing.) The date inserment's effecti E VI: Other p	Signature of a mer This document is execute I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

ARTICLE IV-