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FLORIDA LIMITED LIABILITY CO.
OLIVE BRANCH ASSISTED LIVING, LLC

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ARTICLES OF ORGANIZATION
FOR
OLIVE BRANCH ASSISTED LIVING, LLC

2017 MAY 15 PM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is **OLIVE BRANCH ASSISTED LIVING, LLC.**

ARTICLE II - ADDRESS

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

Principal Office Address:	Mailing Address:
8711 Cutlass Drive Hudson, Florida 34667	14038 Pine Street Hudson, Florida 34667

ARTICLE III - REGISTERED AGENT

The name and the Florida street address of the Registered Agent is Olive F. Spoeth, 14038 Pine Street, Hudson, Florida 34667.

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, *Florida Statutes*.


Olive F. Spoeth, Registered Agent

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ARTICLE IV – MANAGEMENT

The names and addresses of each person authorized to manage and control the Limited Liability Company are as follows:

Name and Address	Title
Olive F. Spoeth 14038 Pine Street Hudson, Florida 34667	Manager

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 817.155, F.S.


Olive F. Spoeth, Manager