L11000166411

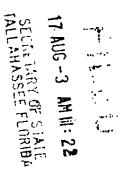
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(230,1000 2,100, 1,101,100,				
(Document Number)				
(Boodinett Nambel)				
Outilities of Outilities				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400301594674

08/08/17--01015--018 **i55.00



August 1, 2017

To whom it may concern:

The officers of Abundant Love Assisted Living, Inc., charter # N17000006433 a Florida Non-Profit Corporation would like to dissolve the Non-Profit Corporation and form a Florida for Profit LLC using the name.

See attached Article of Organization for the for Profit LLC.

I hereby authorize the above.

KIRK CAMPBELL

Sincerely,

Kirk K Campbell

Officer and Director

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC"	ABUNDANT LOVE ASSISTED		
SOME	Name of	Limited Liabili	y Company
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.
Please ret	urn all correspondence concerning this	matter to the fo	ollowing:
	KIRK K CAMPBELL		
	·	Name of	Person
	ABUNDANT LOVE ASSISTED L	IVING, LLC	
		Firm/Cor	npany
	118 BEACH DRIVE		
		Addre	SS
	WINTER HAVEN, FL 33881		
	TASC25@YAHOO.COM	City/State and	Zip Code
		sed for future a	nual report notification)
For further	information concerning this matter, ple	ease call:	
	LES L. MOORE, CPA	, 863	294-7772
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	is a check for the following amount:		
\$125.00 F	·	Certific	D Filing Fee & S160,00 Filing Fee, d Copy l copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	1	Street Address New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	•	Division of Corporations Hifton Building (66) Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ABUNDANT LOVE ASSISTED LIVING, I			_
(Must contain the words "Limited"	Liability Company.	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited	l Liability Company is:	
Principal Office Address:		Mailing Address:	
5426 18TH STREET WEST	542	6 18TH STREET WEST	
BRADENTON, FL 34207	BRz	ADENTON, FL 34207	- -
(The Limited Liability Company cannot serve as its own	Registered Agent.		-
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. n.)		17 Al
(The Limited Liability Company cannot serve as its own	Registered Agent. n.) l agent are:		17 AUG-
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered	Registered Agent. n.) l agent are:	You must designate an individual or	UG -3
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered	Registered Agent. n.) l agent are: L Name	You must designate an individual or	UG -3 AM
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered KIRK K CAMPBELI	Registered Agent. n.) I agent are: L Name	You must designate an individual or	UG -3 MM
KIRK K CAMPBELI 118 BEACH DRIVE	Registered Agent. n.) I agent are: L Name	You must designate an individual or	UG -3 MM

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager	KIRK K CAMPBELL
	118 BEACH DRIVE
	WINTER HAVEN, FL 33881
MGR	TASIA T. CAMPBELL
	1923 4TH STREET NE
	WINTER HAVEN, FL 3381
	$\frac{\varphi_{\cdot}}{\varphi_{\cdot}}\omega$
	- निह ्न 🗷
(Use attachment if necessary)	F CORNER 2
(Ose attachment it necessary)	
T.E.V: Effective date, if other than the date of	f filing: (OPTIONAL)
	ific and cannot be more than five business days prior to or 90 days aft
e of filing.)	
If the date inserted in this block does not me	et the applicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of	State's records.
LE VI: Other provisions, if any.	
ALE VI. Other provisions, it any.	
	······································

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

KIRK K CAMPBELL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)