

L17000 239409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

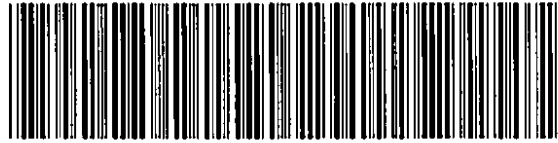
(Document Number)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/15/17
ACCT. I20160000072

en: c SW

Name:	God's VIP Senior Haven
Document #:	
Order #:	10717994

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 125



11/15/2017 11:00 AM
TALLAHASSEE, FL
11/15/2017 11:00 AM

**God's V.I.P Senior Haven, Ltd.
4681 S.W. 66th Avenue
Davie, Florida 33314**

November 11, 2017

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Consent to Use of Name

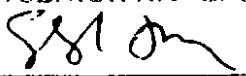
To Whom It May Concern:

God's V.I.P Senior Haven, Ltd., a Florida limited partnership (document number A96000001317) hereby gives consent to God's VIP Senior Haven LLC (a Florida to be formed limited liability company) to use the name God's VIP Senior Haven LLC in the State of Florida.

Thank you for your assistance.

Sincerely,

GOD'S V.I.P. SENIOR HAVEN, LTD.

By: 

Scott Colton, Director, on behalf of
Colton Management Corp., General Partner

17 NOV 21 PM 2:00
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

God's VIP Senior Haven 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:

11077 Biscayne Boulevard, Suite 304
North Miami, Florida 33161

Mailing Address:

11077 Biscayne Boulevard, Suite 304
North Miami, Florida 33161

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

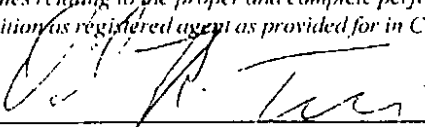
The name and the Florida street address of the registered agent are:

Taft Service Solutions Corp.
Name

6488 Indigo Hunting Place
Florida street address (P.O. Box **NOT** acceptable)

<u>Lakewood Ranch</u>	<u>FL</u>	<u>34202</u>
City	State	Zip

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)

David R. Tavolier, Assistant Secretary

(CONTINUED)

17 NOV 21 PM 2:00
STREET

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

VIP Senior Living LLC

11077 Biscayne Boulevard, Suite 304

North Miami, Florida 33161

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Peter S. Nealis, Authorized Representative

Typed or printed name of signer

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)

17 NOV 21 PM 2:03