## 119000182728

(Re	equestor's Name)					
(Ad	dress)					
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(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	ısiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
		}				





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SECRETARY OF JOSES

N. SANS

## **COVER LETTER**

Div	vision of Corporations		
SUBJECT:	CHARTER SENIOR LIVING TERRA BELLA, ŁLC		
	Name of Limited Liability Company		
The enclosed	d Articles of Organization and fee(s) are submitted for filing.		
Please return	n all correspondence concerning this matter to the following:		
	JAMES D. VOIGT		
<del>-</del>	Name of Person	_	
	VOIGT BUSINESS LAW, LLC		
-	Firm/Company	_	
	3302 CHARLEMAGNE LANE		
-	Address	_	
	ST. CHARLES, ILLINOIS 60174		
-	City/State and Zip Code JVOIGT@VOIGTBUSINESSLAW.COM	_	
	E-mail address: (to be used for future annual report notification)	_	
For further in	formation concerning this matter, please call:	2019	
	JAMES VOIGT 331 222-7522	2019 JUL 15 PH	T
_	Name of Person Area Code Daytime Telephone Number	5	
Enclosed is	a check for the following amount:	P# 4	Ö
\$125.00 Fili	ing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

Mailing Address

4.

TO:

**New Filing Section** 

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 Taliahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
(Must conta	CHARTER SENIOR in the words "Limited L				_	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limited L	iability Company is:			
Principa	l Office Address:		Mailing Addr	<u>:ess</u> :		
	ST, STE 143-365 LLE, IL 60564		2863 W 95TH ST, STE NAPERVILLE, IL		- 	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own l	Registered Agent. Yo		dividual or		
The name and the Florida street a	ddress of the registered	agent are:				
	cod	ENCY GLOBAL IN	iC.			
		Name	_			
	115 No	rth Calhoun Street, S	Suite 4			
	Florida street address	(P.O. Box NOT acc	eptable)			
	Tallahassee	Florida	32301			
	City	State	Zip			
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the obt	hereby accept the appo evisions of all statutes re	intment as registered lating to the proper a us registered agent as	agent and agree to act nd complete performan provided for in Chaptet	in this capaci ce of my dutie	ty. I s, and I	. INC
		(CONTINUED)				
				ALE MATERIAL	2019 JUL 15 PM 4:4 SECKETARY OF STATE ALL ANASSEE, FLORE	FILED

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR KEVEN BENNEMA 2863 W 95TH STREET, SUITE 143-365 NAPERVILLE, ILLINOIS 60564 90 (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 number 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

Filing Fees:

KEVEN BENNEMA
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)