

# L200000069334

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**FLORIDA LIMITED LIABILITY CO.  
SENTINEL HEALTH CARE AND REHAB CENTER LLC**

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ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

**SENTINEL HEALTH CARE AND REHAB CENTER LLC**

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

ARTICLE II - Address:

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

MAILING ADDRESS: 7130 S. ORANGE BLOSSOM TRAIL STE 100  
ORLANDO, FLORIDA 32809

PHYSICAL ADDRESS: 7130 S. ORANGE BLOSSOM TRAIL STE 100  
ORLANDO, FLORIDA 32809


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:

DIANE COPELAND  
7130 S. ORANGE BLOSSOM TRAIL STE 100  
ORLANDO, FL 32809

*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

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"AMBR" = Manager

"MGRM" = Managing Member

**DIANE COPELAND - AMBR**  
**7130 S. ORANGE BLOSSOM TRAIL STE 100**  
**ORLANDO, FL. 32809**

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_**

(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.

*Diane Copeland*

**REQUIRED SIGNATURE:**

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

(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 s.817.155, F.S. )

**DIANE COPELAND**

Typed or printed name of signee

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