

# L21000 350853

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FLORIDA LIMITED LIABILITY CO.  
Azalea Pointe LLC

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

AZALEA POINTE, LLC

**ARTICLE II - Address**

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

19308 SW 380TH STREET  
FLORIDA CITY, FL 33034

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

P.O. BOX 343529  
FLORIDA CITY, FL 33034

**ARTICLE III - Management**

The limited liability company shall be managed by one or more managers (who shall be designated "Manager(s)") and is, therefore, a manager-managed company within the meaning of Section 605.0407, Florida Statutes. The rights, duties and obligations of the Manager(s) and the Member(s) of the limited liability company shall be as set forth in writing in the agreement(s) of the Member(s).

The name and street address of the initial Manager of the limited liability company are:

EVERGLADES HEALTHCARE RESIDENTIAL, LLC  
19308 SW 380 STREET  
FLORIDA CITY, FL 33034

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**ARTICLE IV - Registered Agent and Office**

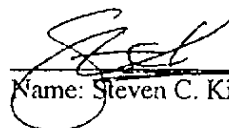
The name and street address of the initial registered agent of the Limited Liability Company are:

Steven C. Kirk  
19308 SW 380th Street  
Florida City, FL 33034

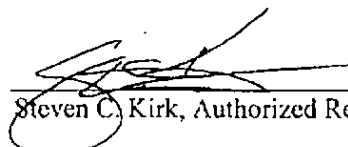
**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent to accept service of process for the above-stated limited liability company at the address designated in the Articles of Organization, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and is familiar with and accepts the obligations of its position as registered agent, as provided for in Chapter 605, Florida Statutes.

Date: 8/3/21

  
Name: Steven C. Kirk

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization this  
3rd day of August, 2021.

  
Steven C. Kirk, Authorized Representative

(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 Florida Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)