

L22000483502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

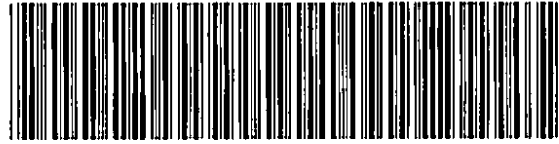
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400388844624

S. CHATHAM
NOV 15 2022

RECEIVED

2022 NOV 14 PM 3:07

ALLAHASSEE, FLORIDA

RECEIVED
DIVISION OF CORPORATE
12 NOV 14 PM 2:07

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE : 11/14/2022

PRIORITY : Regular Approval

OUR REF # (Order ID#) : 1085022

ORDER ENTITY

EAGLE LAKE NURSING & REHAB OPCO LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

EAGLE LAKE NURSING & REHAB OPCO LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Eagle Lake Nursing & Rehab OPCO LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Marcus

Name of Person

Firm/Company

676 W Prospect Road

Address

Fort Lauderdale, Florida 33309

City/State and Zip Code

Jmarcusepa@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Marcus 954 566-8513
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Eagle Lake Nursing & Rehab OPCO 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:

7951 SW 6th Street
Plantation, FL 33324

Mailing Address:

7951 SW 6th Street
Plantation, FL 33324

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:

Joel Marcus

Name

676 W Prospect Road

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale

Florida

33309

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.

Joel Marcus

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
AND BUSINESS SERVICES
JAN 14 2014
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Eden Najman
7951 SW 6th Street
Plantation, FL 33324

AMBR

Paz Najman
7951 SW 6th Street
Plantation, FL 33324

(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.

Nursing Home

REQUIRED SIGNATURE:

Eden Najman

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.

Eden Najman

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)