

Division of Corporations

**L23000246366**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

*JP*

From: Account Name : FASTKIT CORP  
Account Number : 120100000009  
Phone : (305)599-8839  
Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
BEACHSIDE NURSING CARE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

BEACHSIDE NURSING CARE, LLC.

**ARTICLE II - ADDRESS:**

The physical and mailing address of the Limited Liability Company is:

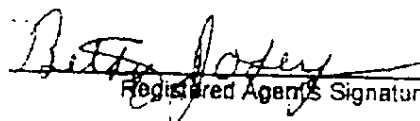
947 Seashell Lane  
Ponte Vedra Beach, FL 32082

**ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:**

The name and Florida street address of the registered agent are

Betsy Josey  
947 Seashell Lane  
Ponte Vedra Beach, FL 32082

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, Florida Statutes.

  
Registered Agent's Signature

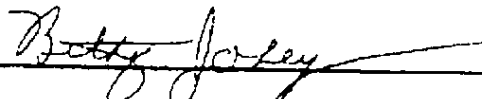
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**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name &amp; Address:</u>
Managing Member	Betsy Josey 947 Seashell Lane Ponte Vedra Beach, FL 32082

  
 \_\_\_\_\_  
 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.)

\_\_\_\_\_  
Betsy Josey  
Typed or printed name of signee

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