L23000276056

(Requestor's Name)
(Address)
(Address)
(1001033)
_
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

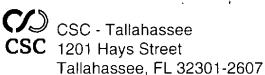
Office Use Only



700409862297

2023 JUN - 7 PM 1: 04

2023 JUI; -7 PM 4:01



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/07/23 Order #: 1220477-1

Re: Mount Dora Recovery PT, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH"

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	ew Filing Sec ivision of Co						
SUBJECT		ra Recovery PT. LL	.C				
SUBJECT	Name of Limited Liability Company						
The enclose	ed Articles of	Organization and f	ee(s) are	submitted f	or filing.		
Please retu	m all corresp	ondence concerning	this ma	tter to the fo	llowing:		
	Mark E Fos	ter					
				Name of P	erson		
	American H	ealthcare REIT, Inc	:.				
				Firm/Com	pany		
	18191 Von	Karman Ave., Suite	300				
				Addres	SS		
	Irvine, CA 9	92612					
	catkinson@al	horeit com	Ci	ty/State and	Zip Code		
<u>-</u>			be used	for future an	nual report notificati	ion)	
For further in	nformation co	ncerning this matter	r, please	call:			
	Mark E. Fost	ter	94 at (9	270-9200		
	Nam	e of Person		ea Code	Daytime Telephon	e Number	
Enclosed is	a check for t	he following amoun	ıt:				
■ \$125.00		□\$130.00 Filing Certificate of Sta	Fee &	Certified	00 Filing Fee & d Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		N T 24	treet Address few Filing Section Di he Centre of Tallaha 415 N. Monroe Stree allahassee, FL 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mount Dora Recov			-			
(Must co	natin the words "Limited	Liability Company,	"L.L.C" or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited	Liability Company is:			
<u>Princ</u>		Mailing Address:				
18191 Von Karma Irvine, CA 92612		18191 Von Karman Ave., Suite 300 Irvine, CA 92612				
				<u>. </u>		
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an The name and the Florida street	ny cannot serve as its own n active Florida registration	n Registered Agent. `on.) d agent are:		SECRE FALLAH	2023 JUN - 7 PM 1: 0	
		Name		ASSE	-7	
	1201 Hays Street	ss (P.O. Box <u>NOT</u> a	ccantable)	-2 i, €	P	[
		22 (1.0. DOX <u>1101</u> 12	eceptabley	를: 표:		Ĺ
		FT	32301		$\overline{}$	
	Tallahassee City	FL State	32301 Zip	<u> </u>	10	

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
	Authorized Member
"MGR" = M	anager
AMBR	GAHC3 Mount Dora FL MOB II, LLC
	18191 Von Karman Ave., Suite 300
	Irvine, CA 92612
MGR	Brian S. Peav 18191 Von Karman Ave., Suite 300
	lryine, CA 92612
	IVIIIe. CN 92012
MGR	Danny Prosky
More	18191 Von Karman Ave., Suite 300
	Irvine, CA 92612
MGR	Mark Foster
	18191 Von Karman Ave., Suite 300
	Irvine, CA 92612
date of filing.) ote: If the date inse	listed, the date must be specific and cannot be more than five business days prior to or 90 days after rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as we date on the Department of State's records.
TICLE VI: Other p	provisions, if any.
REOUIREL	SIGNATURE:
	/s/ Mark E. Foster
	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.
	Mark E. Foster, Authorized Person
	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 (Oct.)

\$ 5.00 Certificate of Status (Optional)