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To:

Division of Corporations

Fax Number

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From:

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

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#### FLORIDA LIMITED LIABILITY CO. AT NAPLES INDEPENDENT LIVING LLC

Certificate of Status	1
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# ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,

At Naples Independent Living LLC

#### ARTICLE II - Address:

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

2461 Everglades Blvd Naples FI 34120

## ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

A SHIP SALES

Idalmys Garcia

3620 22nd Ave NE Naples Fi 34120

#### ARTICLE IV-

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

Idalmys Garcia AMBR

Yarely Urrutia AMBR

884 N. J. 

### Required Signatures:

Signature of a member of 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.

Yarely Urrutia\_

Typed or printed name of signee

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 (REQUIRED)