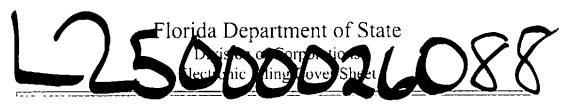
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 Phone : (718)878-5811 Fax Number : (718)732-4580

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. CHAPTERS LIVING OF CARMEL PROPCO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

From: Mark Fuchs

H25000018571 3

COVER LETTER

	ew Filing Section vision of Corporations		
ern mer	CHAPTERS LIVING OF CARM	IEL PROPCO LLC	
SUBJECT	Name of	Limited Liability Company	
The enclose	ed Articles of Organization and fee(s)	s) are submitted for filing.	
Please retu	n all correspondence concerning this	s matter to the following:	
		Name of Person	
	FILE RIGHT LLC		
		Firm/Company	
	1425 37TH STREET, SUITE 201		
		Address	
	BROOKLYN, NY 11218		
\$	sales@fileacorp.com	City/State and Zip Code	
-	E-mail address: (to be us	ised for future annual report notification)	
For further in	formation concerning this matter, ple	case call:	
	Sara at	718 878-5811	
•	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fi	ing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	جيد مين را د ا
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CHAPTERS LIVING OF CARMEL PROPCO 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:	Mailing Address:		
7050 W PALMETTO PARK RD STE 15365	7050 W PALMETTO PARK RD		
BOÇA RATON, FL 33433	STE 15365		
	BOCA RATON FL 33433		

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:

CHAIM OBERLANI	DER	
	Name	
7050 W PALMETTO	PARK RD STE 1	5365
Florida street address	i (P.O. Box <u>NOT</u> ac	eceptable)
BOCA RATON	FL	33433
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.

/ s / CHAIM OBERLANDER

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized	o manage and control the Limited Liability	mpany:
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Title:	Name and Address:
"MGR" = Ma MGR	nager
(Use attachma	ent if necessary)
(If an effective date is l the date of filing.) <u>Note:</u> If the date inser	e date, if other than the date of filing:
REOUIRED	SIGNATURE:
	/s/ SOLOMON ABRAMCZYK
	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.
	SOLOMON ABRAMCZYK Typed or printed name of signee
	Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 3 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)