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TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG 30 AM 10:03

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

000001840330  
-09/05/95--01108--006  
\*\*\*\*346.25 \*\*\*\*346.25

SUBJECT: Continental Health Care of Ft. Myers L.C.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00  
Filing Fee  
& Registered  
Agent designation

☐ \$293.75  
Filing Fee,  
Registered Agent  
Designation &  
Certificate

☐ \$337.50  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy

☒ \$346.25  
Filing Fee,  
Registered Agent  
Designation,  
Certified Copy &  
Certificate

FROM: Christian F. Henning Jr.  
Name (Printed or typed)

4951 Tamiami Trail North, #3  
Address

Naples, FL 34103  
City, State & Zip

(941) 434-9410  
Daytime Telephone number

RECEIVED  
96 AUG 30 AM 9:41  
DIVISION OF CORPORATION

*Will wait*

NOTE: Please provide the original and one copy of the articles.

2-13-95 AUG 30 1996

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
25 AUG 30 AM 10:03

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Continental Health Care of Ft. Myers, L.C.

**ARTICLE II - Address:**

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

4951 Tamiami Trail North,  
Suite 3  
Naples, Florida 34103

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

30 years from date of filing of Articles unless earlier  
dissolved in accordance with the provisions of its regulations

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Christian F. Henning, Jr.  
4951 Tamiami Train North, Suite 3  
Naples, Florida 34103

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

#### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Provided a majority in interest of the remaining members consent, the remaining members shall have such right.

#### **ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Provided a majority in interest of the remaining members consent, the remaining members shall have such right.

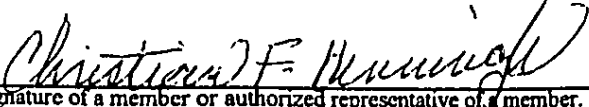
**NOTE:** If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_

Continental Health Care of Ft. Myers, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ - 0 - .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ - 0 - .  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 310,000 .
- 5) the total amount of 2, 3, and 4 is \$ 310,000 .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this affidavit constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Continental Health Care of Ft. Myers, L.C.

2. The name and address of the registered agent and office is:

Christian F. Henning Jr.

(Name)

4951 Tamiami Trail North, Suite 3

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Naples, Florida 34103

(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.*

Christian F. Henning Jr.  
(Signature)

8-19-96  
(Date)

**Filing Fee: \$ 35 for Designation of Registered Agent**