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ACCOUNT NUMBER: FCA000000005

REFERENCE:  
(Sub Account)

2019084

DATE:

9-21

REQUESTOR NAME:

LEXIS

ADDRESS:

TELEPHONE:

( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME:

Winter Haven Care, LLC

DOCUMENT NUMBER:  
(if applicable)

AUTHORIZATION:

C. Woodlynd

☒ CERTIFIED COPY (1-9)  
☒ CERTIFICATE OF STATUS (1-9)  
☐ PLAIN STAMPED COPY

☒ Call When Ready  
☒ Walk In  
☐ Mail Out

( ) Call if Problem  
( ) Will Wait

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 21 PM 2:05

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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\$346.25

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Winter Haven Care, LLC

### ARTICLE II - Address:

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

111 W Michigan St.  
Milwaukee, WI 53203

### ARTICLE III - Duration:

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

Unlimited/Perpetual

### ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

☒ 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:

Northern Health Facilities, Inc  
111 W Michigan St.  
Milwaukee, WI 53203

### ARTICLE V - Admission of Additional Members:

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

N/A

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**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:

None

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Winter Haven Care, LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1.000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1.000.

**Sole Member: Northern Health Facilities, Inc.**

BY:  TITLE: Authorized Signer  
Signature of a member or an 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.)

Timothy J. Murphy  
Typed or printed name of signee

**Filing Fee: \$250.00 for Articles and Affidavit**

# **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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Winter Haven Care, LLC

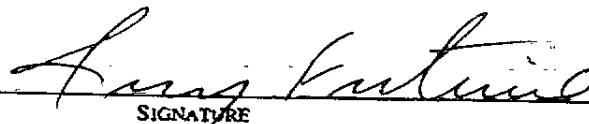
2. The name and the Florida street address of the registered agent are:

Lexis Document Services Inc.  
NAME

3953 WW Kelley Rd.  
Florida street address (P. O. Box NOT ACCEPTABLE)

Tallahassee FL 32311  
CITY, STATE AND 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.*

  
SIGNATURE

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