

L990000006379

ACCOUNT NUMBER: FCA000000005

REFERENCE:
(Sub Account)

2019109

DATE:

10-4

REQUESTOR NAME:

LEXIS

10/4

ADDRESS:

TELEPHONE:

() () ext ()

CONTACT NAME:

CORPORATION NAME:

Alpine Health and Rehabilitation Center
LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard W99-22900

CERTIFIED COPY (1-2)

CERTIFICATE OF STATUS (1-2)

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 5, 1999

LEXIS

SUBJECT: ALPINE HEALTH AND REHABILITATION CENTER, LLC
Ref. Number: W99000022900

We have received your document for ALPINE HEALTH AND REHABILITATION CENTER, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Please remove the Affidavit of Membership and Contributions from the document, it is no longer required.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 899A00048166

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpine Health and Rehabilitation Center, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -4 PM 3:39

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

Sole Member: Northern Health Facilities, Inc.

BY: Timothy J. Murphy TITLE: Assistant Secretary
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: Alpine Health and Rehabilitation

Center, LLP.

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