

L99 000007655

Florida Department of State  
Division of Corporations  
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## LIMITED LIABILITY COMPANY

American Senior Living of Jacksonville, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

L99-7655

Name	0211-10
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: American Senior Living of Jacksonville, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 2150 Goodlette Road, Suite 600, Naples, FL 34102.

**ARTICLE III - Duration:**

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

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

American Senior Living, Inc.  
2150 Goodlette Road, Suite 600  
Naples, FL 34102

**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: additional members may be admitted only at the sole discretion of the Manager.

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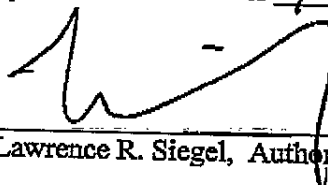
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ARTICLE VI - Members Rights to Continue Business:

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: in the event of death of a member, or any event which terminates membership in the Limited Liability Company, it shall not cause the termination of the Limited Liability Company.

ARTICLE VII - Effective Date:

The Effective Date of this filing shall be: November 9, 1999.

  
Lawrence R. Siegel, Authorized Representative

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

1. The name of the Limited Liability Company is:

American Senior Living of Jacksonville, LLC

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

CT Corporation System

(Name)

c/o CT Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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 608, F.S.

CT Corporation System

Kevin J. Gallagher  
(Signature)

**KEVIN J. GALLAGHER**

**ASSISTANT VICE PRESIDENT**

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

Filing Fee for Application

Designation of Registered Agent

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