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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CT CORPORATION SYSTEM

December 16, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5741781 SO Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Eleven Pack Management Corp. (DE) Qualification Florida

Please return a good standing certificate along with regular evidence.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Eleven Pack Management Corp. (Name of corporation; must include the word "INCORPORATION words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	arly	arly indicate that it is a corporation instead of a
2.	Delaware	3.	
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)
4.	November 19, 2002	5.	5. perpetual
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6.	Upon qualification		
	(Date first transacted business in Florida. If corporation has		not transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)
7.	1701 Highway A1A, Suite 304, Vero Beach, FL 32963		200
		offic	office address)
	1701 Highway A1A, Suite 304, Vero Beach, FL 32963		
		ailiı	niling address)
8.	To lease and operate assisted living facilities, which may in (Purpose(s) of corporation authorized in home s		dude skilled nursing facilities and uses incidential thereto. tate or country to be carried out in state of Florida)
9.	Name and street address of Florida registered agent:	(P.	(P.O. Box or Mail Drop Box NOT acceptable)
	Name: F&LCorp.		
Οfi	fice Address: The Greenleaf Building, 200 Laura Street		<u></u>
	<u>Jacksonville</u>		, Florida32202-3510
	(City)		(Zip code)
10	Designation of agentic appropriate		

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman	Timothy S. Smick
Address:	1701 Highway A1A, Suite 304
	Vero Beach, FL 32963
Vice Chair	man:
Address:	
Director:	Daniel Simmons
Address:	1701 Highway A1A, Suite 304
	Vero Beach, FL 32963
Director:	
Address:	2020
B. OFF	
President:	Timothy S. Smick
Address:	1701 Highway A1A, Suite 304
	Vero Beach, FL 32963
Vice Presi	dent: Daniel Simmons
Address:	1701 Highway A1A, Suite 304
	Vero Beach, FL 32963
Secretary:	Daniel Simmons
Address:	1701 Highway A1A, Suite 304, Vero Beach, FL 32963
Treasurer:	Timothy S. Smick
Address:	1701 Highway A1A, Suite 304
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Timothy S. Smick Procident (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELEVEN PACK MANAGEMENT CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
02 DEC 16 PM 2: 05



Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2124194

DATE: 12-04-02

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