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TRANSMITTAL LETTER

	ision of Corporations	
SUBJECT	:SUMMERVILLE	AT OCALA EAST, LLC
	(Name of	Limited Liability Company)
Florida," C		d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited da
Please retui	m all correspondence concerning t	his matter to the following:
	JC STROTT	
		(Name of Person)
	HIQ COMPANIES	
		(Firm/Company)
	516 NORTH CHA	ARLES STREET 5TH FLOOR
		(Address)
	BALTIMORE ME	21201
	(Ci	ty/State and Zip Code)
For further	information concerning this matter	r, please call:
	JC STROTT	at (800) 564-5300
	(Name of Person)	(Area Code & Daytime Telephone Number)
Reg Divi 409	REET ADDRESS: istration Section sion of Corporations E. Gaines Street ahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is	a check for the following amount:	
□ \$1	25.00 Filing Fee ☐ \$130.00 Filing F	ee & \$\sum \\$155.00\$ Filing Fee & \$\sum \\$160.00\$ Filing Fee, Certificate ate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SUMMERVILLE AT OCALA EAST, LLC (Name of Foreign Limited Liability Company) 3. APPLIED FOR (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 6 - 15 - 200 5 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") **UPON FILING** (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3000 EXECUTIVE PARKWAY SUITE 530 SAN RAMON CA 94583 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: SUMMERVILLE SENIOR LIVING, INC. 3000 EXECUTIVE PARKWAY SUITE 530 SAN RAMON CA 94583 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ASSISTED LIVING AND SENIOR RESIDENTIAL FACILITIES

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

Typed or printed name of signee

GARY CHAN

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. 7	The name of the Limited Liability Company is:	
	SUMMERVILLE AT OCALA EAST, LLC	
2. 7	The name and the Florida street address of the registered agent and office are:	
	HIQ CORPORATE SERVICES, INC.	
	(Name)	
	526 EAST PARK AVENUE	i ii ii
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	*******
	TALLAHASSEE FL 32301	
	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, Florida Statutes.

HIQ CORPORATE SERVICES, INC.
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMERVILLE AT OCALA WEST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMERVILLE AT OCALA WEST, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2005.

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



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3961007

DATE: 06-20-05

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