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(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE
TALLAHASSEF, FIRME

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TRANSMITTAL LETTER

TO:	Registration Section Division of Corpora					
SUBJ	ፑ ሮፕ•	SUMMERVILLE A	AT PINELLA	AS PARK, LLC		
SUDU	EC1.			ability Company)		_
Florida	nclosed "Application a," Certificate of Exist ty company to transac	stence, and check ar	e submitte			
Please	return all correspond	lence concerning th	is matter to	the following:		
		JC STROTT				Zor 05
			(Name of I	Person)		JUN 2
	HIQ COMPANIES					P
	(Fi			npany)		T-S 57
		516 NORTH CHAI	RLES STRE	EET 5TH FLOOR		DATE ONLE
	·-		(Addre	ess)		
		BALTIMORE MD	21201			
		(City	y/State and	Zip Code)		_
For fu	rther information con	cerning this matter,	please cal	1:		
	JC	STROTT	at (800) 564-5	5300	
	(Nan	ne of Person)	(/	Area Code & Day	time Telephon	e Number)
	STREET ADDRES	SS:		MAILING AI	DDRESS:	
	Registration Section			Registration Se	ection	
	Division of Corporations			Division of Corporations		
	409 E. Gaines Street			P.O. Box 6327		
	Tallahassee, Florida	. 32399		Tallahassee, Fl	orida 32314	
Enclos	sed is a check for the	following amount:				
	□ \$125.00 Filing Fee	□ \$130.00 Filing Fe Certifica	e &□\$ te of Status	155.00 Filing Fee & Certified Cop		ing Fee, Certificate 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:

1.	SUMMERVILLE AT P						
	(Name of Foreign Limited	Liat	ility Company)				
2.	DELAWARE	3	APPLIED FOR				
	(Jurisdiction under the law of which foreign limited liability company is organized)	J	APPLIED FOR (FEI number, if applicable)	_			
4.	6-15-2005 (Date of Organization)	5.	PERPETUAL				
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")				
6.	UPON FILIN	١G					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)						
7.	3000 EXECUTIVE PARKWAY SUITE 530		٦ ٥				
	SAN RAMON CA 94583	-	SECK SECK ALLA	-77			
	(Street Address	s of l	Principal Office)				
8.	If limited liability company is a manager-managed	d co	mpany, check here	T			
9.	The name and usual business addresses of the mar	nagi	ng members or managers are as follows	, her			
	SUMMERVILLE SENIOR LIVING, INC.		Dri N	> 			
	3000 EXECUTIVE PARKWAY SUITE 530			_			
	SAN RAMON CA 94583						
the	Attached is an original certificate of existence, no more than 90 in graphs in the law of which it is organized. (A photocopustation of the certificate under oath of the translator must be sub-	py is	not acceptable. If the certificate is in a foreign language, a	cords in			
11	. Nature of business or purposes to be conducted o	or pi	omoted in Florida:	_			
	ASSISTED LIVING AND SENIOR RESIDENTIAL FACI	ILIT	ES .				
	In Chan			_			
	(In accordance with section 608,408(3), F an affirmation under the penalties of perju	'.S., 1					
	GARY CHAN						
	Typed or printed	i na	me of signee				

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:	
	SUMMERVILLE AT PINELLAS PARK, LLC	
2.	The name and the Florida street address of the registered agent and office are:	
	HIQ CORPORATE SERVICES, INC.	
	(Name)	۱ -
	526 EAST PARK AVENUE	r F
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	TALLAHASSEE FL 32301	,14
	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)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMERVILLE AT PINELLAS PARK, 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 PINELLAS PARK, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2005.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3960963

DATE: 06-20-05

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