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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

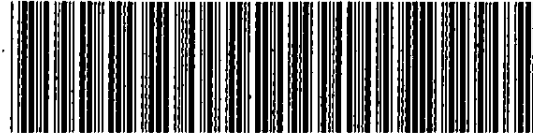
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. CLINE

JUL 21 2008

EXAMINER

DAVID M. DUNLAP/ATTORNEY AT LAW

July 10, 2008

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Registration of Foreign Corporation/LifePointe Village-Summerfield, LLC.

Dear Sir or Madam:

I am enclosing a Cover Letter, Certificate of Existence and an Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida which I wish to file on behalf of LifePointe Village-Summerfield, LLC. I am also enclosing a check in the amount of \$130.00 to cover your filing fee, the registered agent fee, and the fee for a Certificate of Status.

Please return the filed Application and certificate of status to me.

Thank you for your assistance and please let me know if you have any questions.

Sincerely Yours,



David M. Dunlap

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LifePointe Village-Summerfield, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

David M. Dunlap
(Name of Person)

(Firm/Company)

7203 Goodman Road
(Address)

Olive Branch, MS 38654-1906
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David M. Dunlap at (662) 890-8904
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate 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:

1. LifePointe Village-Summerfield, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

L.P.V. at Summerfield, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. Applied For 26-2654013 (FEI number, if applicable)

4. October 29, 2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")

6. No business transacted prior to registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 50 A1A North, Suite 110 Ponte Vedra Beach, FL 32082 (Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here [X]

9. The name and usual business addresses of the managing members or managers are as follows: David M. Dunlap 7203 Goodman Rd., Olive Branch, MS 38654-1906 Curt Cluff 7729 E. Greenway Rd., Scottsdale, AZ 85260 Edward Moriarity 7729 E. Greenway Rd., Scottsdale, AZ 85260

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: To own and develop real estate as assisted and independent living facilities, lease same, and other lawful business

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 penalties of perjury that the facts stated herein are true.) David M. Dunlap, Secretary Typed or printed name of signee

FILED JUL 17 PM 12:00 SECRETARY OF STATE TALLAHASSEE FLORIDA

**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:

LifePointe Village-Summerfield, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

L.P.V. at Summerfield, LLC

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

Selah Management Group, LLC

(Name)

50 A1A North, Suite 110

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Ponte Vedra Beach, FL 32082

FL

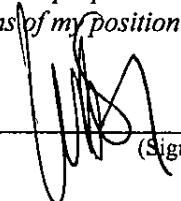
City/State/Zip

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TALLAHASSEE, FLORIDA

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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.



(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

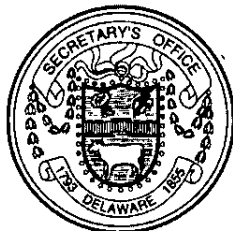
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFEPOINTE VILLAGE - SUMMERFIELD, 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 FIFTH DAY OF MAY, A.D. 2008.

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080504301



Harriet Smith Windsor
AUTHENTICATED ON 05-05-08
Harriet Smith Windsor, Secretary of State

DATE: 05-05-08