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EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 534869 5022647

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: October 7, 2010

ORDER TIME : 2:03 PM

ORDER NO. : 534869-010

CUSTOMER NO: 5022647

FOREIGN FILINGS

NAME: EMERIMAND LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

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 EmeriMand LLC	
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")	se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability
2 Delaware	27-3622820
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. October 4, 2010 5	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. (Data Fort Associated Institute in File	3 2
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	to determine penalty liability)
7. 3131 Elliott Ave, Stc 500, Seattle, WA 9812	exist or "perpetual") rida, if prior to registration.) to determine penalty liability) 21 of Principal Office)
	T.
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	iging members or managers are as follows:
Emeritus Corporation, 3131 Elliott Ave, Ste	e 500, Seattle, WA 98121
10. Attached is an original certificate of existence, no more than 90 d	ays 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 subm	itted.)
11. Nature of business or purposes to be conducted or	promoted in Florida: Real Property owner of
an assisted living facility	
Thursh	
Signature of a member or an auti	horized representative of a member.
(In accordance with section 608.408(3), F.S an affirmation under the penalties of perjui	S., the execution of this document constitutes ry that the facts stated herein are true.)

Eric Mendelsohn, Senior VP Corporate Developmen of Sole Member
Typed or printed name 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 Compa	any is:
EmeriMand L	LC	
If name unavaila	ble, the alternate name to be	e used in the state of Florida is:
2. The name and	d the Florida street address of	of the registered agent and office are:
	Corporation Service Co	mpany
	<u> </u>	(Name)
	1201 Hays Street	•
	Florida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)
	Tallahassee	FL 32301
		City/State/Zip
liability company agent and agree relating to the pro obligations of my	o at the place designated in the to act in this capacity. I furth oper and complete performan position as registered agent fetivise Company	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as registered ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes. Jeanine Reynolds as its agent
,	\$ 100.00	•
	\$ 25.00 \$ 30.00	Designation of Registered Agent Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EMERIMAND 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 SEVENTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMERIMAND LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2010.

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

4880371 8300

100977395

Jeffrey W. Bullock, Secretary of S AUTHENTYCATION: 8275786

DATE: 10-07-10

You may verify this certificate online at corp.delaware.gov/authver.shtml