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SECRETARY OF STATE

B. BOSTICK
FEB **3 2011**EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT:	Omega SLC North Port, LLC	
		Name of Limited Liability Company	
The er Existe	nclosed "Application by Foreign Limit nce, and check are submitted to regist	ted Liability Company for Authorization to Transact Business in Florida," Ce er the above referenced foreign limited liability company to transact business	rtificate of in Florida
Please	return all correspondence concerning	this matter to the following:	
		Terrie A. Sadberry	
		Name of Person	
		Maynard Cooper & Gale, P.C.	
		Firm/Company	
		1901 6th Avenue North, Suite 2400	
		Address	
		Birmingham, Alabama 35203	
		City/State and Zip Code	FEB =
	F. mail ad	jeff.carmichael@omegacommunities.com dress: (to be used for future annual report notification)	EB-2 PI
For fu	rther information concerning this matt		PH 5:
	Terrie A. Sadberr	y at (205) 488-3612 Dm	: 20
	Name of Person	Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclo		amount: O Filing Fee & \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	

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:

-	WINDLESTEADULETT CONTENT TO THE BUSINESS IN THE BUSINESS FOR FLORIDA.
1.	Omega SLC North Port, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
CC	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter pasent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability company," "L.L.C," "LLC.")
2.	Delaware 3
	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	01-24-2011 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon Registration
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	2120 Northgate Park Lane, Suite 102
	Chattanooga, Tennessee 37415 (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: Omega Communities, LLC, 2120 Northgate Park Lane, Suite 102, Chattanoopa, Tennessee 37415
	Omega Communities, LLC, 2120 Northgate Park Lane, Suite 102, Chattanooga, Tennessee 37415
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under ceth of the translator must be submitted.)
u	bandor of the certificate trace control the translation fruits to scion intect.)
11	. Nature of business or purposes to be conducted or promoted in Florida: Develop, own and manage
	senior housing community.
	Godi Adami
	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)
	By: Omega Communities, LLC, Manager
	Typed or printed name of signee By: Eddie Adams, Manager of Omega Communities, LLC

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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:		
Omega SLC North Port, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	-	
Dan L. Curtis		
(Name)	مسد <u>۾</u> هسد ا	
550 Golden Gate Point. #1	833	*************
Florida Street Address (P.O. Box NOT ACCEPTABLE)		i salaibi Saabian
Sarasota FL 34236	PA	7
City/State/Zlp	ر ئارى كى ا	<u> </u>
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 regist 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. By:		
(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

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OMEGA SLC NORTH PORT, 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMEGA SLC

NORTH PORT, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY,

A.D. 2011.

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

TIFEB -2 PM 5: 20
SEURE JANY OF STATE
NALLAHASSEE, FI OBIR.

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AUTHENT CATION: 8530004

DATE: 01-31-11

at corp.delaware.gov/authver.shtml