M12000003892

(Re	equestor's Name)	
. (Ád	dress)	
(Àd	idress)	
(Cit	ry/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200237092542

07/10/12--01013--001 **3255.00

D. BRUCE

JUL 11 2012

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: AP2012-DeBary Ma	nor, LLC ne of Limited Liability Company	
The enclosed "Application by Foreign Limited Liabi Existence, and check are submitted to register the ab	lity Company for Authorization to Transact Business in Florida," Cove referenced foreign limited liability company to transact busines	Certificate of ss in Florida
Please return all correspondence concerning this mat	tter to the following:	
Giulia Chiti Block		
	Name of Person	
Health Care Navigator	LLC	
	Firm/Company	
4144 6 10 10 11	0.4.004	
4 West Red Oak Lane		
	Address	
White Plains, NY 10604	4	<u>تر _ ـ</u> ــــــــــــــــــــــــــــــــــ
	City/State and Zip Code	SEC 2
GBlock@hcnavigator.ne	ot .	ARE E
E-mail address: (to	be used for future annual report notification)	ASA O
For further information concerning this matter, please	• call:	IZ JUL 10 PMIZ: 18 SECRETARY OF STATE ALLAHASSEE, FLOKIO
or tartior information concerning this matter, pieas	o dan.	S. S. S.
Giulia Chiti Block	₉₁ ,914 \ \ 390-4324	<u> </u>
Name of Person	at (914) 390-4324 Area Code & Daytime Telephone Number	- ∰ α
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	
Enclosed is a check for the following amoun \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Statu	& \$\int_\$155.00 Filing Fee & \$\int_\$160.00 Filing Fee, Certificate	

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. AP2012-DeBary Manor, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L Company," "L.L.C," "LLC.")	the written inbility
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36-4732919 (FEI number, if applicable)	
4. May 9, 2012 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease exist or "perpetual")	e to
6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. AP2012-DeBary Manor, LLC c/o	TAIS 3
4 Red Oak Lane, Suite 201, White Plains, NY 10604 (Street Address of Principal Office)	SECRETAR
8. If limited liability company is a manager-managed company, check here 🗹	O PH
9. The name and usual business addresses of the managing members or managers are as follows:	ELOR SIA
Argent Properties 2012, LLC	夏州 &
4 Red Oak Lane, Suite 201, White Plains, NY 10604	 -
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language 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:	
Real Estate Ownership	·
Co Sto	
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. I am aware that any false information submitted in a	
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S	.)
Fric Roth	

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 Company is:	
AP2012-Debary Manor, 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:	SE SE
Capitol Corporate Services, Inc.	SECRETARY LLAHASSEE
(Name)	10 ARY SSE
155 Office Plaza Dr. Suite A	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	Regidence States
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.

Ollarie Case, asst sec
(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 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AP2012-DEBARY MANOR, 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2012.

5152683 8300

120733268

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 9670639

DATE: 06-26-12

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