

M14 00 0003453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

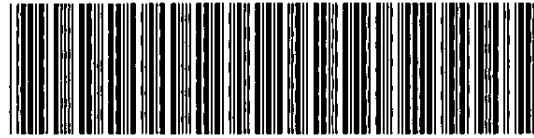
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAY 21 PM 4:10

RECEIVED
SECRETARY OF STATE
CORPORATION DIVISION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 21 AM 9:36

FILED

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

CCRC OPCO- LAKE PORT SQUARE, LLC

Nonprofit
 Domestic Corporation

Amendment
 Dissolution/Withdrawal
 Reinstatement
 Annual Report

Merger
 Mark
 Other

Limited Partnership
 LLC
Qualification

Name Registration
 Fictitious Name

UCC
 CUS

Certified Copy
Qualification

Photocopies

Walk In
 Mail Out

Will Wait

After 4:30
 Pick Up

Name _____
Availability _____ 5/21/2014
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

KM

Order#: _____
9152252
Ref#: _____
Amount: \$ _____

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

CCRC OPCO- LAKE PORT SQUARE, LLC

<input type="checkbox"/> Nonprofit <input type="checkbox"/> Domestic Corporation <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> LLC Qualification <input checked="" type="checkbox"/> Certified Copy Qualification <input checked="" type="checkbox"/> Walk In <input type="checkbox"/> Mail Out	<input type="checkbox"/> Amendment <input type="checkbox"/> Dissolution/Withdrawal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Annual Report <input type="checkbox"/> Name Registration <input type="checkbox"/> Fictitious Name <input type="checkbox"/> Photocopies <input type="checkbox"/> Will Wait	<input type="checkbox"/> Merger <input type="checkbox"/> Mark <input type="checkbox"/> Other <input type="checkbox"/> UCC <input checked="" type="checkbox"/> CUS <input type="checkbox"/> After 4:30 <input checked="" type="checkbox"/> Pick Up
Name _____		
Availability _____	5/21/2014	Order#:
Document _____		9152252
Examiner _____	KM	Ref#:
Updater _____		
Verifier _____		
W.P. Verifier _____		Amount: \$ _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCRC - Lake Port Square, 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:

Jamie Curry
Name of Person

Brookdale Senior Living
Firm/Company

111 Westwood Place, Suite 400
Address

Brentwood, TN 37027
City/State and Zip Code

jcurry1@brookdale.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Curry at (615) 221-2250
Name of Contact 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

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
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. CCRC - Lake Port Square, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 111 Westwood Place, Suite 400
Brentwood, TN 37027
(Street Address of Principal Office)

6. 111 Westwood Place, Suite 400
Brentwood, TN 37027
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Chad White, Vice President and Secretary of American Retirement Corporation, which is the managing member of BKD

CCRC OpCo HoldCo Member, LLC, which is the managing member of CCRC - Lake Port Square, LLC.

111 Westwood Place, Suite 200, Brentwood TN 37027

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.817.135, F.S.)

Chad White

Typed or printed name of signee

SECRETARY OF STATE
JILL HASSELE
FLORIDA
14 MAY 21 AM 10:36
FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

CCRC - Lake Port Square, 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:

C T Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL 33324

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 605, Florida Statutes.

By:

C T Corporation System
James C. Johnson
(Signature)

FILED
14 MAY 21 AM 9:36
TALLAHASSEE, FLORIDA

\$ 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

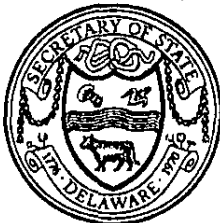
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCRC - LAKE PORT SQUARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 2014.

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

FILED
14 MAY 21 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5534722 8300

140677118



Jeffrey W. Bullock
AUTHENTICATION: 1588887

DATE: 05-21-14