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To:

Division of Corporations

Fax Number

: (950)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)222-9428

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S FOREIGN LIMITED LIABILITY COMPANY

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Arbor E&T, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
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| TRANSMITTAL LETTER | | | | | |
|---|--|-----------|--|--|--|
| TO: Registration Section Division of Corporations | | | | | |
| SUBJECT: Arbor B&T, LLC | | | | | |
| (N | (ame of Limited Liability Company) | | | | |
| | Limited Liability Company for Authorization to Transact Busicheck are submitted to register the above referenced foreign limin Florida | | | | |
| Please return all correspondence conce | erning this matter to the following: | | | | |
| Mary D P | Perers, Associate General Counsel | | | | |
| armay are a | (Name of Person) | | | | |
| | • | | | | |
| Res-Care, Inc. | | | | | |
| | (Firm/Company) | | | | |
| | | | | | |
| 10140 Lum Station Road | | | | | |
| | (Address) | S 6 | | | |
| Louisville, KY 40223 | | 1004 | | | |
| (City/State and Zip Code) | | | | | |
| Dan Santhan Justa median annua Ingeli | | 일 | | | |
| For further information concerning thi | s maiter, please call: | 27 | | | |
| Patti Bauer | et (\$02) 394-2265 | £765 € | | | |
| (Name of Person | | . 53 | | | |
| · | | | | | |
| STREET ADDRESS: | MAILING ADDRESS: | | | | |
| Registration Section Division of Corporations | Registration Section | | | | |
| 409 E. Gaines Street | Division of Corporations P.O. Box 6327 | | | | |
| Tallahassee, Florida 32399 | Tallahassee, Florida 32314 | | | | |
| Enclosed is a check for the following | | | | | |
| _ | Filing Fee & D \$155.00 Filing For & D \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certificate | | | | |

FEOST - 08/03/04 C T System Collins

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608505, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | (Name of Foreign Limited | Liz | sbility Company) | |
|--|---|-----------|---|----------------|
| Kennicky | | 3 | 46-0508470 | |
| Jurisdiction under the company is organized | law of which foreign limited liability | | (FEI number, if applicable) | |
| 11/19/2002 | | 5. | Perpetual | |
| | f Organization) | | (Duration: Year limited liability company will cea exist or "perpetual") | ic to |
| Upon registration | | | | |
| | (Date first transacted business in I (See sections 602.501 & 602.502 F | | | |
| 10140 Linn Station F | toad | | | |
| Louisville, KY 4022 | | | | |
| | (Street Addre | SS 0 | Principal Office) | |
| If limited liability | company is a manager-manage | d d | company, check here 🗷 | 20 |
| The name and us | ual business addresses of the ma | ma | ging members or managers are as follows: | 04 CCT 28 |
| Ronald G. Geary, 16 | 0140 Linn Station Road, Louisville, K | coti | ueky 40223 | <i>b</i> 2 |
| Vincent F. Doran, 1 | 0140 Linn Station Road, Louisville, K | Cent | hicky 40223 | |
| | | | | <u>्</u> |
| | | | | () |
| ejurisdiction under the austration of the certifica | law of which it is organized. (A photoo to under outh of the translator must be so | ору От | ays old, duly authenticated by the official having custod is not acceptable. If the certificate is in a foreign langua sitted.) promoted in Florida: Education and training se | ofra gr,a |
| T. Athers A.S. S. Marier | Kankanan an an anamana | | F | |
| | | | | |
| | Mayofsters | | · | |
| | Signature of a member or an | , F.S | horized representative of a member. | |
| | an affirmation under the parallies of the | ėr ju | ry that the facts stated benefit are true.) | |
| | an affirmation under the penalties of po Mary D. Poters, Assistant Scoretary | - | · | |

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 Compar | ıy is: | | |
|--|--|---|--|---|
| Arbor E&T, LLC | | | | |
| 2. The name and t | ne Florida street address of | the registered ag | gent and office are: | |
| | cro | Corporation System | | |
| - | , | (Name) | | |
| | | | | |
| | Florida Street Addre | ss (P.O. Box <u>NOT</u> . | ACCEPTABLE) | O |
| | Plantation | FL | 33324 | |
| | | City/State/Zip | | |
| liability company a agent and agree to relating to the prop obligations of my p | d as registered agent and to t the place designated in thi act in this capacity. I furthe er and complete performant osition as registered agent a T Comporation System CON SPEC (Signature) | s certificate, I her er agree to comply ce of my duties, co | reby accept the appointm y with the provisions of a nd I am familiar with and Chapter 608, Florida St | ent as registered all statutes 🖒 d accept the 🗥 |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State.

ARBOR E&T, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is November 19, 2002.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of October, 2004.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
Riong/0548475 - Centificate ID: 6992