Certificate of Limited Partnership

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FILED
October 10, 2013
Sec. Of State
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Name of Limited Partnership:

LABELLE SENIOR VILLAGE, LP

Street Address of Limited Partnership:

2964 PEACHTREE ROAD NW
SUITE 640
ATLANTA, GA. 30305

Mailing Address of Limited Partnership:

2964 PEACHTREE ROAD NW
SUITE 640
ATLANTA, GA. 30305

The name and Florida street address of the registered agent is:

JASON WHITE
516 MCKENZIE AVENUE
PANAMA CITY, FL. 30305

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JASON WHITE

The name and address of all general partners are:

Title: G
LABELLE SENIOR PARTNER, LLC
2964 PEACHTREE ROAD NW, SUITE 640
ATLANTA, GA. 30305

Signed this Tenth day of October, 2013

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: WILLIAM J. REA, JR., MANAGER

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that 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.