(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
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(D	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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CORPDIRECT AGE 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	
FILING COVER S ACCT. #FCA-14	SHEET		
CONTACT:	RICKY SO	<u>10</u>	
DATE:	04/03/2008		
REF. #:	001763.8403	<u>1</u>	
CORP. NAME:	PACIFIC R	ETIREMENT SERVICES, INC.	
() ARTICLES OF INCO	RPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
(XX) FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT () CERTIFICATE OF C	'ANCELLATION	() MERGER	() WITHDRAWAL
() OTHER:	ANCELLA I ION		,
STATE FEES PR	REPAID W	TH CHECK# <u>0000022882</u> FOR	R \$ <u>87.50</u>
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	D:
		COST LI	MIT: \$
PLEASE RETUR	RN:		
(XX) CERTIFIED COP	Υ () C	ERTIFICATE OF GOOD STANDING	() PLAIN STAMPED COPY
(XX) CERTIFICATE O	F STATUS		

Examiner's Initials

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

import in language as will clearly indicate that in the name at present. "Company" or "Co." r	
2. Oregon	3.93-1067253
(State or country under the law of which it	is incorporated) (FEI number, if applicable)
4. November 20, 1990	5. Perpetual
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. n/a	
(Date first conducted affairs in Florida if prior	to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty iability.)
7. 1200 Mira Mar Avenue, Medford, OR 97	
	(Principal office address)
1200 Mira Mar Avenue, Medford, OR 97	504
	(Current mailing address)
	(
	(
8. To provide management & development (Purpose(s) of corporation authorized in hom	t services to retirement communities and to promote programs & services for ser
8. To provide management & development (Purpose(s) of corporation authorized in hom	
(Purpose(s) of corporation authorized in hor	t services to retirement communities and to promote programs & services for ser ne state or country to be carried out in the state of Florida)
(Purpose(s) of corporation authorized in hor	t services to retirement communities and to promote programs & services for service state or country to be carried out in the state of Florida) tered agent: (P.O. Box <u>NOT</u> acceptable)
(Purpose(s) of corporation authorized in home) 9. Name and street address of Florida regist	t services to retirement communities and to promote programs & services for service state or country to be carried out in the state of Florida) tered agent: (P.O. Box <u>NOT</u> acceptable)
(Purpose(s) of corporation authorized in hor	t services to retirement communities and to promote programs & services for service state or country to be carried out in the state of Florida) tered agent: (P.O. Box NOT acceptable)
(Purpose(s) of corporation authorized in home) 9. Name and street address of Florida registed in home and street address. Name: Corpoined Agen	t services to retirement communities and to promote programs & services for service state or country to be carried out in the state of Florida) tered agent: (P.O. Box NOT acceptable)
(Purpose(s) of corporation authorized in hom 9. Name and <u>street address</u> of Florida regist	t services to retirement communities and to promote programs & services for service state or country to be carried out in the state of Florida) tered agent: (P.O. Box NOT acceptable)
(Purpose(s) of corporation authorized in home. 9. Name and street address of Florida registed in home. Name: CorpDirect Agen Office Address: 515 East Park A	t services to retirement communities and to promote programs & services for service state or country to be carried out in the state of Florida) tered agent: (P.O. Box NOT acceptable) ALECAR APR AND ARE
(Purpose(s) of corporation authorized in home) 9. Name and street address of Florida registed in home and street address. Name: Corpoined Agen	t services to retirement communities and to promote programs & services for service state or country to be carried out in the state of Florida) tered agent: (P.O. Box NOT acceptable) ALECAR APR AND ARE
(Purpose(s) of corporation authorized in home) 9. Name and <u>street address</u> of Florida registed in home. CorpDirect Agen	t services to retirement communities and to promote programs & services for service state or country to be carried out in the state of Florida) tered agent: (P.O. Box NOT acceptable) ALSO APR - 3 Florida 32301

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered Agent's signature)

Assistant Secretary

12. Names and addresses of officers and/or directors:

A. DIRECTORS
Chairman: DIRECTOR: Celia Meese
Address: 1200 Mira Mar Avenue
Medford, OR 97504
Vice Chairman; DIRECTOR: Todd Martin
Address: 1200 Mira Mar Avenue
Medford, OR 97504
Director: William Bagley
Address: 1200 Mira Mar Avenue
Medford, OR 97504
Director: Marc Bayliss
Address: 1200 Mira Mar Avenue
Medford, OR 97504
B. OFFICERS
President: William D. Thorndike, Jr.
Address: 1200 Mira Mar Avenue
Medford, OR 97504
Vice President: William L. Leever
Address: 1200 Mira Mar Avenue
Medford, OR 97504
Secretary: Edward A. Jolly
Address: 1200 Mira Mar Avenue, Medford, OR 97504
Treasurer: Harry E. Knight
Address: 1200 Mira Mar Avenue, Medford, OR 97504
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. William D. Thorndike, President
14. William D. Thorndike, President (Typed or printed name and capacity of person signing application)

Addendum to the Florida Dept. of State Application Additional Director

Director:

Address:

Lyn Hennion 1200 Mira Mar Avenue

Medford, OR 97504

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

PACIFIC RETIREMENT SERVICES, INC.

was

incorporated

under the Oregon

Nonprofit Corporation Act

on

November 20, 1990

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

Marilyn R. Smith

March 31, 2008