

7-30-08

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LCS Naples, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rebecca S. Stoll

(Name of Person)

Life Care Services LLC

(Firm/Company)

400 Locust Street, Suite 820

(Address)

Des Moines, IA 50309-2334

(City/State and Zip code)

For further information concerning this matter, please call:

Rebecca S. Stoll

(Name of Person)

at ( 515 ) 875-4674

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**FILED**  
2000 JUL 29 P 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED  
2008 JUL 29 P 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. LCS Naples, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Iowa

(State or country under the law of which it is incorporated)

3. 26-2611853

(FBI number, if applicable)

4. 05-14-2008

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 400 Locust Street, Suite 820, Des Moines, IA 50309-2334

(Principal office address)

400 Locust Street, Suite 820, Des Moines, IA 50309-2334

(Current mailing address)

8. retirement community ownership

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

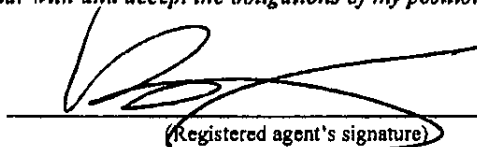
Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

Kimberly Breunling  
Assistant Secretary

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.

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

**A. DIRECTORS**

Chairman: Edward R. Kenny

Address: 400 Locust Street, Suite 820, Des Moines, IA 50309-2334

Vice Chairman: Kent Larson

Address: 400 Locust Street, Suite 820, Des Moines, IA 50309-2334

Director: Joel Nelson

Address: 400 Locust Street, Suite 820, Des Moines, IA 50309-2334

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Edward R. Kenny

Address: 400 Locust Street, Suite 820, Des Moines, IA 50309-2334

Vice President: Joel Nelson

Address: 400 Locust Street, Suite 820, Des Moines, IA 50309-2334

Secretary: Rebecca S. Stoll, Assistant Secretary

Address: 400 Locust Street, Suite 820, Des Moines, IA 50309-2334

Treasurer: Diane Bridgewater

Address: 400 Locust Street, Suite 820, Des Moines, IA 50309-2334

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Rebecca S. Stoll

(Signature of Director or Officer listed in number 12 of the application)

14. Rebecca S. Stoll, Assistant Secretary

(Typed or printed name and capacity of person signing application)

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2009 JUL 29 P 12:11

STATE OF FLORIDA

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**IOWA SECRETARY OF STATE  
MICHAEL A. MAURO**



**FILED**  
2008 JUL 29 P 12:11  
SECRETARY OF STATE  
ALLAN MOORE, FLORIDA

Date: 07/28/2008

**CERTIFICATE OF EXISTENCE**

Name: LCS NAPLES, INC. (490 DP - 363444)  
Date of Incorporation: 5/14/2008  
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS22585  
To validate this certificate please visit  
the following web site and enter the certificate ID.  
**[www.sos.state.ia.us/ValidateCertificate](http://www.sos.state.ia.us/ValidateCertificate)**

*Michael A. Mauro*  
**MICHAEL A. MAURO      SECRETARY OF STATE**

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**IOWA SECRETARY OF STATE  
MICHAEL A. MAURO**



**FILED**  
2008 JUL 29 P 12:11  
SECRETARY OF STATE  
DES MOINES, IOWA

**Certificate Validation**

The following certificate was issued by the Iowa Secretary of State.  
Certificate ID: CS22585  
Validation Date: 7/28/2008

Date: 07/28/2008

**CERTIFICATE OF EXISTENCE**

Name: LCS NAPLES, INC. (490 DP - 363444)  
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MICHAEL A. MAURO      SECRETARY OF STATE