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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

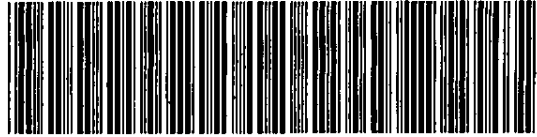
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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4/19/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lifelink Charities
(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:

Susan A. SINDERSON
(Name of Person)
Lifelink Corp.
(Firm/Company)
331 S. York Rd.
(Address)
Bensenville IL 60106
(City/State and Zip code)

For further information concerning this matter, please call:

Susan SINDERSON at (630) 521-8035
(Name of Person) (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

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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

**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.

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

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

2. IL 3. 36-3729609
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 01, 1990 5. Perpetual
(Date of incorporation) (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. 331 S. York Rd. Bensenville, IL 60106
(Principal office address)

Same as above
(Current mailing address)

8. Provision of Development and Management of Affordable Senior Housing
(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: Timothy C Rhodes

Office Address: 1300 N. Lockwood Ridge Rd
Sarasota, Florida 34237
(City) (Zip code)

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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATION

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)

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

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Chairman: Dan Luessenhop

Address: 26W221 Arrow Glen Ct.
Wheaton, IL 60187

Vice Chairman: James Griffin

Address: 130 W Devon
Wood Dale IL 60191

Director: Tom Kiser

Address: 2001 Spring Rd., Ste. 1700
Oak Brook, IL 60523

Director: _____

Address: _____

B. OFFICERS

President: Timothy C Rhodes

Address: 331 S York Rd
Bensenville IL 60106

Vice President: Susan A. SINDERSOHN

Address: 331 S. York Rd.
Bensenville, IL 60106

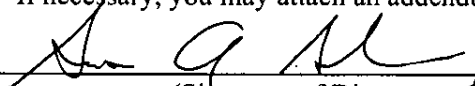
Secretary: Susan A SINDERSOHN

Address: 331 S York Rd Bensenville, IL 60106

Treasurer: Timothy C Rhodes

Address: 331 S. York Rd. Bensenville, IL 60106

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

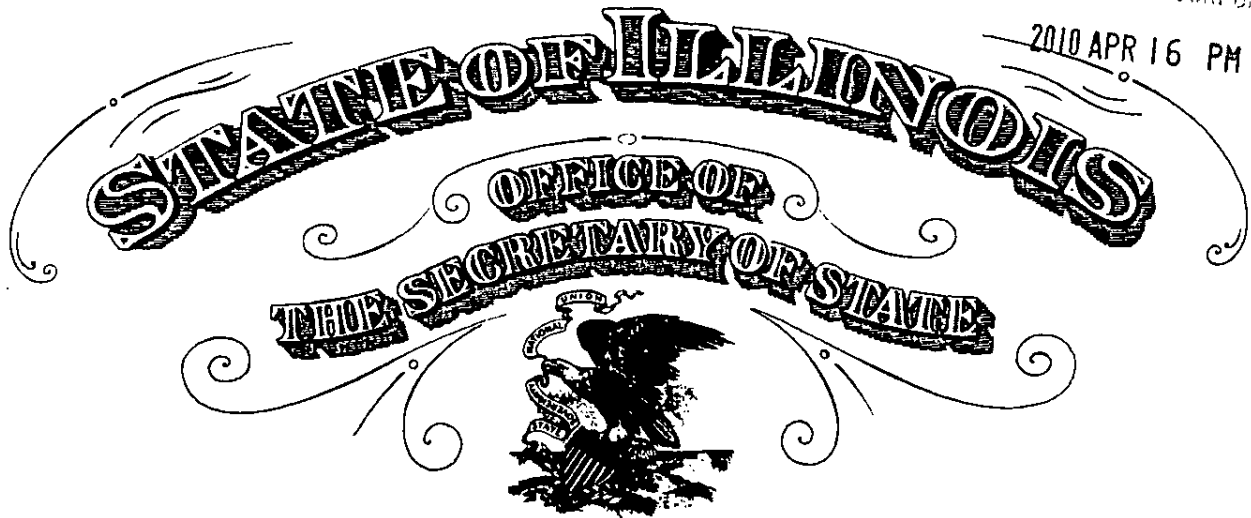
13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Susan A SINDERSOHN, Vice President
(Typed or printed name and capacity of person signing application)

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LIFELINK CHARITIES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 01, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1007402520

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 15TH
day of MARCH A.D. 2010 .*

Jesse White

SECRETARY OF STATE