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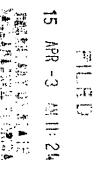
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SECRETARY OF STATE

DATE:

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EDWARD A. HUTCHISON, JR.
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NEVIN J. ZIMMERMAN
SANDRA A. WILSON O

- O OF COUNSEL
- ALSO ADMITTED IN ALABAMA
- ** ALSO ADMITTED IN GEORGIA
- *** ALSO ADMITTED IN NEW YORK
- + CERTIFIED CIRCUIT MEDIATOR
- ++ L. L. MIN TAXATION

FAX TRANSMISSION

SEND TO: Michelle Milligan

_		
FROM:	Cheryl Burton, Legal Secretary to Nevin J. Zimmerman, Esq.	(850) 245-6030
FILE NA	ME: Application for Foreign not for profit	
1C	OVER PAGE <u>5</u> DOCUMENT PAGES <u>6</u>	TOTAL PAGES
Attached is	s a copy of the cover letter. Application by Foreign Not for	r Profit Corporation to Conduct Business
in the Stat	te of Florida and a copy of this law firm's trust check #	7057. The referenced documents were
	the Florida Department of State on March 31, 2015.	
	e from the Florida Department of State. We have also ch	
	here either. We need to have the Application approved ar	
	nvenience. If you have any questions, please feel free to	
	ICE NUMBER IS: (850) 769-1414. OUR FACSIMILE NUI TH THIS TRANSMISSION, ASK FOR: Cheryl Burton.	MBER IS (850) 784-0857. IF YOU NEED

THE INFORMATION CONTAINED IN THIS FACSIMILE IS CONFIDENTIAL AND MAY ALSO BE SUBJECT TO THE ATTORNEY CLIENT PRIVILEGE OR MAY CONSTITUTE PRIVILEGED WORK PRODUCT. The information is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, or the agent or employee responsible to deliver it to the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this facsimile in error, please notify us by telephone and return the original message to us at the address above via the U.S. Postal Service. Thank you.

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16215 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413
TELEPHONE (850) 236-4444
FACSIMILE (850) 236-1313

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Covenant Senior Housing Foundation, Inc.

Dear Sir or Madam;

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Ameriscan Covernm & Senson Housing Foundation. The Firm/Company

D&4 She / ter Dr. F.

Address

Ki411s Poll MI 5490/
City/State and Zip Code

Lender Contany Link MET

For further information concerning this matter, please call:

Cause Mir Tolks at 46 335-6593

Name of Person Area Code & Daylime Telephone Number

MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

Enclosed is a check for the following amount:

页 \$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 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.
American Covenant Senior Housing Toundation, Inc. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Georgia (State or country under the law of which it is incorporated) 4. February 5, 2003 (Date of Incorporation) (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(State or country under the law of which it is incorporated) (I El number, if applicable)
4. tebruary 5, 2003 s. respetual
(Date of Interporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
(Date first conducted attains in Florida it prior to registration. See sections 017.1301 & 017.1302, F.S. to determine penalty (abbitity)
234 Shelter Uniley D. Fail spoll att 5990/
(Current mailing address)
(Current mailing address)
8. Provision of senior housing and other lawful purposer
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Nevin J. Zimmerman
Name: Name: October 1. Commercial
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Nevin J. Zimmerman Office Address: 221 Mc Kenzie Avenue
Office Address: 121 McKenzie Avenue Ranama City Florida 32401 (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 thuies, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's signature)
(wediateled alleur 2 allumine)

11. Attached is a certificate of existence duly authemicated, 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 addresses of officers and/or directors
A. DIRECTORS
Chairman: Repert F. 'Bob' DALLION
Address: Po Box 678
Quilege PLACE WA 99324
Address: 3 Fate View DR., Westpant, Conv. 06880
Director: Dr. KAREN Butten Field
Address: 20 Coquito Ct., Porto 14 VAlley, CA SYBES
Director: M: Ke Ross
Address: 1107 Here! Image Drive, Combandale, Co 81623
B. OFFICERS FXECULTIVE Director
Address: GRAHID FILLY HS
234 Shelfer Walley Drive, Fallspell, WIT 59901
,
Vice President: Address:
Secretary: Relibercia Frits
Address: 234 Shelte Valley Dr. Kalispell, MIT 5498/
Treasurer: Botu
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Keeld and Executive American
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14 George M. Truitts - executive Director
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : February 05, 2003 JURISDICTION

PRINT DATE

: 0308391 : Georgia

. April 01, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> AMERICAN COVENANT SENIOR HOUSING FOUNDATION, INC. A Domestic Non-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Tracking #: BL5AlK2f

Brian P. Kemp Secretary of State