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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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TALLAHASSEE, FLORIDA

643



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2017

PAULA OWENS
7485 OFFICE RIDGE CIRCLE
EDEN PRAIRIE, MN 55374

SUBJECT: ELIM HOMES, INC.
Ref. Number: W17000044050

We have received your document for ELIM HOMES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 317A00010402

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elim Homes, Inc.

Name of Corporation – must include suffix

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:

Paula Owens

Name of Person

Elim Care, Inc.

Firm/Company

7485 Office Ridge Circle

Address

Eden Prairie, MN 55374

City/State and Zip Code

paula.owens@elimcare.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Owens

Name of Person

at (952)
Area Code

646-4515

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

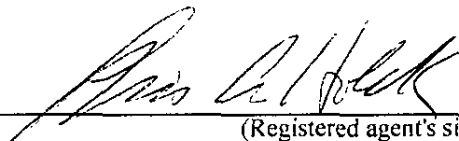
Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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:

1. Elim Homes, 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.)
Please contact us if that is the case
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Minnesota 3. 41-1539761
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/29/1985 / Reinstatement 3/26/13 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)
6. N/A prior to registration
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 7485 Office Ridge Circle, Eden Prairie, MN 55344
(Principal office address)
Same as above
(Current mailing address, if different)
8. Related party management company for development of a senior services and health care campus
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Chris Holck
Office Address: Live Oaks Community Church/5600 Heritage Boulevard
Wildwood, Florida 34785
(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)

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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: See Attached Schedule

Address:

Vice Chairman: See Attached Schedule

Address:

Director: See Attached Schedule

Address:

Director: See Attached Schedule

Address:

B. OFFICERS

President: See Attached Schedule

Address:

Vice President: See Attached Schedule

Address:

Secretary: See Attached Schedule

Address:

Treasurer:

Address:

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

13. Kathy L. Youngquist
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kathy L. Youngquist CFO
(Typed or printed name and capacity of person signing application)

2016-2017 ELIM HOMES, INC.
BOARD OF DIRECTORS
(May 19, 2016)

1. Mr. Kevin Bergman

Olympus Ventures
3033 Excelsior Blvd Ste. 525
Minneapolis, MN 55416-3375
or
9972 Alabama Road
Bloomington, MN 55438

Home: (952) 835-3771
Work: (952) 324-8905
Cell: (612) 849-1955
E-mail: kevin.b@olympusventures.com

2. Mr. Stann Leff

808 Howard Street
Wheaton, IL 60187-4269

Home: (630) 407-0616
Cell: (630) 450-6799
E-Mail: stannleff@gmail.com

3. Mr. Patrick ("Pat") Nuss

5772 Willow Lane
Shoreview, MN 55126

Cell: (612) 964-6937
E-Mail: wetfly6@gmail.com

4. Mr. Roland Peterson

235 Craigbrook Way NE
Fridley, MN 55432-2428

Home: (763) 571-4835
Cell: (612) 965-3860
E-Mail: peter015@umn.edu

5. Dr. Guy Tangedahl

2022 Thompson Street
Bismarck, ND 58501

Work: (701) 751-9600
Home: (701) 255-4077
Cell: (701) 527-4555
E-Mail: guy.tangedahl@med.und.edu

Board Chair Ex-Officio – Nikki Daniels

OFFICERS:

CHAIRPERSON: Roland Peterson
VICE CHAIRPERSON: Stann Leff
SECRETARY/TREASURER: Pat Nuss

PRESIDENT/CEO: Robert M. Dahl

COO: Ron Sanford

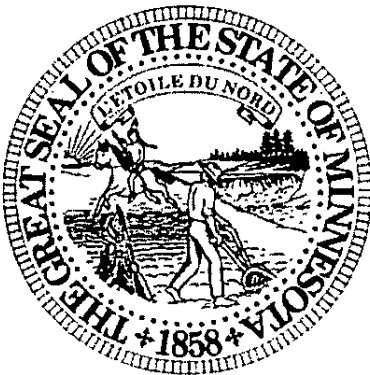
CFO: Kathy Youngquist

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Elim Homes, Inc.
Date Filed:	01/29/1985
File Number:	Y-272
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 06/22/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota