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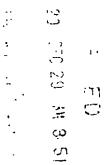
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COVER LETTER

	Registration Section Division of Corporations			
	Diametrian Onley D.I.A. In	c		
SUBJE	LI:	me of corporation - 1	must include suffix	
Dear Sir	or Madam:			
"Certific	osed "Application by Foreign ate of Existence," or "Certific ferenced foreign corporation	cate of Good Standin	ng" and check are submit	
Please re	turn all correspondence conc	erning this matter to	the following:	
William	Mizelle			
		Name of Per	rson	
Retireme	nt Living Associates, Inc			
		Firm/Compa	ny	
7200 Cre	edmoor Road, Suite 102			
		Address		-
Raleigh,	NC 27613			•
		City/State and	Zip code	
rusty.miz	elle@rlainc.com	_		
	E-mail add	ress: (to be used for	future annual report noti	fication)
For furth	er information concerning th	is matter, please call	:	
William Mizelle 919 783		783-0735 x 4	Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephor	ne Number
] - -	STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please ma	I is a check for the following ake check payable to: FLORID, 0 Filing Fee	A DEPARTMENT OF String Fee &		■ \$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.

North Carolina		mopios for the purpose of transuc	ting busin	ess in Florida)
	3.	85-3713249		
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable	2)
October 29, 202	5.	Perpetual (Date of duration, if oth		
	of incorporation)	(Date of duration, if oth	er than pe	petual)
	(Date first transacted business in	Florida, if prior to registration)		
	(388 38CTIONS 007.1301 & 007.13	02, F.S., to determine penalty lial	bility)	
	lighway 27, High Springs, FL 32643			
•	(rincipal office	cc street address)		
	(Current mailin	g address, if different)		· · · · · · · · · · · · · · · · · · ·
Name and stree	(Current mailing taddress of Florida registered agent: (P.O.) Meta McLain		W	:3 :3 :3 :3 :3
Name:	t address of Florida registered agent: (P.O		ir	فية د : د :
	t address of Florida registered agent: (P.O Meta McLain	. Box NOT acceptable)	ir	D D D D D D D D D D D D D D D D D D D
Name:	t address of Florida registered agent: (P.O. Meta McLain 23301 West US Highway 27	. Box <u>NOT</u> acceptable)	W. A. B. C.	5 22 29

10. 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)

A. Directors David W. Ammons □ Chairman Name: _____ □ Chairman 2304 Wesvill Ct, Suite 100 ☐ Vice Chairman Address: ☐ Vice Chairman Address: _____ Raleigh, NC 27607 □ Director □ Director □President President □ Vice President □Vice President □Treasurer □Treasurer □ Secretary ☐ Secretary □Other _____ Other _____ □Other □ Other ______ Name: Chairman ☐ Chairman Name: _____ Address: _____ □ Vice Chairman Address: _____ ☐ Vice Chairman Director Director □ President □ President □ Vice President _____ □ Vice President □ Secretary Treasurer ☐ Secretary Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ □Chairman □ Chairman Name: _____ □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □President □President □ Vice President □ Vice President □Treasurer □Treasurer ☐ Secretary ☐ Secretary □Other □Other _____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

David W. Ammons. President



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

PLANTATION OAKS-RLA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 29th day of October, 2020, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online,

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of December, 2020.

Elaine J. Marshall

Secretary of State