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Date:

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, FL 32301 (850) 681-6528

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302571548---06/24/98--01080--026 ****122.50 ****122.50 CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known): Walk In Pick Up Time Certified Copy Certificate of Stafus 🔁 Mail Out Certificate of Good Standing RUSH Will Wait 52 ARTICLES ONL **Photocopy** ALL CHARTER DOCS **NEW EILINGS** AMENDMENTS Amendment NonProfit Resignation of R.A. Officer/Director Certificate of FICTITIOUS NAME Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger FICTITIOUS NAME SEARCH REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Ordered By:

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.	ARC Freedom, Inc. (Name of corporation: must include the word "INCORPORA abbreviations of like import in language as will clearly indicat person or partnership if not so contained in the name at prese	e that it is a como	NY","CORPORA ration instead of	ATION [®] or words or a natural	
2. (S	Tennessee State or country under the law of which it is incorporated)	3. appli	ied for (FEI number, if		
4.	June 3, 1998 (Date of Incorporation)	 perp 	etual	7 SE 98	
••	(Date of Incorporation)	(Duration: Year	corp. will cease t	to exist of "Perpetual")	
6.	upon filing of application			57 0 5	
	(Date first transacted business in Florida. (SEE SECTIONS)			FOR	į.
7.	111 Westwood Place, Suite 402, Bren	twood, TN 3	37027	3 36 FLORIDA	
(Current mailing address) The purpose of the corporation shall be to ownm operatem lease, develop, manage and/or acquire senior living communitie, including, without limitation, independent and 8. assisted living apartments, and to provide service to seniors, including home health (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) care, Alzheimer and dementia care, and skilled and aubacute nursing care, and to engage in business similar or complementary to the foregoing 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc.					
Office Address: _526 East Park Avenue					
	Tallahassee	, Florida ,	32301		
10. Registered agent's acceptance:					
cor reg all and	wing been named as registered agent and to accept poration at the place designated in this application is tered agent and agree to act in this capacity. It is statutes relative to the proper and complete perform accept the obligations of my position as registered agent. Attached is a certificate of existence duly authent delivery of this application to the Department of Statistical having custody of corporate records in the incorporated.	n, I hereby accurate agree to mance of my of agent. Signature) icated, not modulate, by the Section	cept the appoint of comply with duties, and I and I and I and I and I are than 90 daysecretary of Sta	intment as in the provisions of am familiar with with the provisions of a sum of the provisions of the provisions of the provisions of the provision to the pro	

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

A. DIRECTORS (Street address only-P. O. Box NOT acceptable)

Chairman	See attached Exhibit A
Address:	
	irman:
Director:	
Address:	ASE &
Director:	SSE PA
	E. T. S.
B. OFFI	CERS (Street address only- P. O. Box NOT acceptable)
President:	See Attached Exhibit A
Address:	
Vice Presi	dent:
Secretary:	
Treasurer:	
Address:	
NOTE: I	f necessary, you may attach an addendum to the application listing additional door directors.
	$\mathcal{I}_{\cdot} \subset \mathcal{O}'_{\cdot}$
13	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
l4	(Typed or printed name and capacity of person signing application)

Exhibit A

Officers

W.E. Sheriff

Chief Executive Officer

Christopher J. Coates

President and Chief Operating Officer

George T. Hicks

Executive Vice president-Finance, Chief Financial Officer,

Secretary and Treasurer

H. Todd Kaestner

Executive Vice President - Corporate Development

James T. Money

Executive Vice President - Development Services

Director

W.E. Sheriff

All of the above officers and directors are located at: 111 Westwood Place, Suite 402 Brentwood, TN 37027

98 JUN 24 PM 3: 36
SECRETARY OF STATE
AND ARRESEE. FLORID

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 06/23/1998 REQUEST NUMBER: 98174207 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/03/1998 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0351958 JURISDICTION: TENNESSEE

TO: CAPITAL FILING SERVICE, INC. 7051 HIGHWAY 70 SO. NO. 333 NASHVILLE, TN 37221

REQUESTED BY: CAPITAL FILING SERVICE, INC. 7051 HIGHWAY 70 SO. NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

"ARC FREEDOM, INC."

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/23/98

\$0.00

\$290.00

FROM:

NASHV ILLE, TN 37221-0000

TOTAL PAYMENT RECEIVED:

CAPITAL FILING SERVICE, INC.

RECEIPT NUMBER: 00002329651 ACCOUNT NUMBER: 00101230

FEES

\$290.00

RECEIVED:

RILEY C. DARNELL SECRETARY OF STATE