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ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2020706  
(Sub Account)

DATE: 1-31-00

4000003115804--7

REQUESTOR NAME: LEXIS

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: Senior Living/Mt. Hunter's Woods, LLC

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: C. Woodyard

☒ CERTIFIED COPY (1-9)  
☒ CERTIFICATE OF STATUS (1-9)  
☐ PLAIN STAMPED COPY

☒ Call When Ready  
☒ Walk In  
☐ Mail Out

( ) Call if Problem  
( ) Will Wait

( ) After 4:30  
( ) Pick Up

APPROVED  
AND  
FILED  
00 JAN 31 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
00 JAN 31 AM 11:58  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1-31-00

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Senior Living/Mt. Hunter's Woods, LLC  
(Name of foreign limited liability company)
2. DE 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 1/26/00 5. 12/31/2050  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. c/o HSA Commercial, Inc., 180 North Wacker Drive, Suite 500,  
Chicago, IL 60606  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The usual business addresses of the managing members or managers are as follows:

HSA-DOA, LLC, a Delaware limited liability company c/o HSA Commerical, Inc.  
180 North Wacker Drive, Suite 500, Chicago, IL 60606

00 JUN 31 PM 1:28  
RECEIVED  
TALLAHASSEE  
FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Development  
Real Estate Development

HSA-DOA, LLC, a Delaware limited liability company, Member  
By: \_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen J. Tinsley

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Senior Living/Mt. Hunter's Woods, LLC

2. The name and the Florida street address of the registered agent and office are:

Lexis Document Services Inc.

(Name)

3953 W.W. Kelley Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

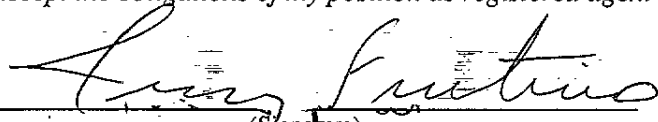
Tallahassee

FL

32311

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

00 JAN 31 7:11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SENIOR LIVING / MT. HUNTER'S WOODS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENIOR LIVING / MT. HUNTER'S WOODS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2000.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

RECEIVED  
STATE OF DELAWARE  
JAN 27 2000  
11:29 AM

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Edward J. Freel, Secretary of State 0221958

AUTHENTICATION: 01-27-00

DATE: