



THE UNITED STATES
CORPORATION
COMPANY

000000000974

ACCOUNT NO. : 072100000032

REFERENCE : 699335 4365185

AUTHORIZATION : Patricia Pigute

COST LIMIT : \$ 125.00

ORDER DATE : May 16, 2000

ORDER TIME : 4:12 PM

ORDER NO. : 699335-005

600003261036--6

CUSTOMER NO: 4365185

CUSTOMER: Ms. Sylvia Hunter
Columbia Pacific Management,
Suite 890
2025 1st Avenue
Seattle, WA 98121

FOREIGN FILINGS

NAME: THE LAKES ASSISTED LIVING
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 MAY 19 AM 9:31

FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 MAY 19 PM 4:45

RECEIVED

**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. The Lakes Assisted Living, LLC
(Name of foreign limited liability company)
2. Washington 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. May 11, 2000 5. December 31, 2030
(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. 2025 1st Avenue, Suite 890
Seattle, WA 98121
(Street address of principal office)

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

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

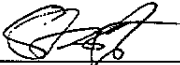
Daniel R. Baty, 3131 Elliott Ave., Ste. 500 Seattle, WA 98121

Stanley L. Baty, 2025 1st Ave., Ste. 890 Seattle, WA 98121

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: Investment and

development of retirement residences.



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.)

Stanley L. Baty

Typed or printed name of signee

FILED
00 MAY 19 AM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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:

The Lakes Assisted Living, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee

FL 32301

City/State/Zip

FILED
00 MAY 19 AM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..

Deborah D. Skipper
(Signature)

Deborah D. Skipper
Asst. Secretary

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

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF

THE LAKES ASSISTED LIVING, LLC

I FURTHER CERTIFY that the records on file in this office show that
above named limited liability company was formed under the laws of the
State of Washington and was issued a Certificate of Formation
in Washington on May 11, 2000.

I FURTHER CERTIFY that as of the date of this certificate, no cancellation
have been filed, and that the limited liability company is duly authorized to
transact business in the limited liability company form in the State of Washington.



Date: May 19, 2000

Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Ralph Munro, Secretary of State

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 MAY 19 AM 9:31

FILED