CORIORATIA ACCISA, P.O. Box 37066	236) t 6th even e .7 5 (32315-7066) ~ (850	dla asso /Floris 32) 222-2666 or (809) 96		22-1666
PIC	WALK IN SK UP 6/7/0	0		
CERTIFIED COPY		CUS		
рното сору	l	FILING TO	e 550	
1.) CORPORATE NAME & DOCUMENT #)	5.5.LL	-		:899 :55-013
2.)(CORPORATE NAME & DOCUMENT #)			-06/07/0001(*****55.00 N	****55.00
3.)	•		00 JEP DEP DIVISIO TALL	3
(CORPORATE NAME & DOCUMENT #)			IN-7 / ROFORNI HASSEE	S S
(CORPORATE NAME & DOCUMENT #)	· · · · · · · · · · · · · · · · · · ·		AM 9: 17	m
5.)(CORPORATE NAME & DOCUMENT #)		900	0032796 -06/07/00010	89——9 23009
SPECIAL INSTRUCTIONS	<u> </u>	a [-06/07/00010 *****70.00 *	****70.00
	AGIROJE BESCANAJIA AGIROJE BESCANAJIA	+ VLO 7		

"When you need ACOES to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

00 JUN -7 PH 2: 01

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	eign
1PT Investors, I.I.C (Name of foreign limited liability company)	<u> </u>
2. Tennessee (Jurisdiction under the law of which foreign limited liability company is organized) 3. applied for (FEI number, if applicable)	.
4. May 19, 2000 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6 upon registration	1 L
6. upon registration (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. 1114 17th Avenue, South, Suite 205	3
Nashville, TN 37212	
(Street address of principal office)	
8. If limited liability company is a manager-managed company, check here XX	
9. The usual business addresses of the managing members or managers are as follows:	205
Sam J. Lewis, Chief Manager 1114 17th Ave., South, Suite	205
Nashville, TN 37212	— —
Luther Ramsay, Secretary and 1114 17th Ave., South, Suite	205
Tax Matters Member Nashville, TN 37212	
	<u> </u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of r 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 eath of the translator must be submitted.)	ecords in
11. Nature of business or purposes to be conducted or promoted in Florida:	- : · ,
management of senior living facility	
Inthe Kamsan	
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.)	
Luther Ramsay	
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 Lir	nited Liability Compar	ıy is:			
PT Invest	ors, LLC				
2. The name and the F	lorida street address of	the registered	agent and office are:	SECALTA TALLAHA	T
	NRAI Services	, Inc.		1 SSE	
		(Name)			
	526 East Park	Avenue		STATE STATE	 •
	Florida street addres	s (P.O. Box NO	OT ACCEPTABLE)	— >'''	
	Tallahassee	FL	32301		
		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..

Gwendolyn Andrews, 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)

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

ISSUANCE DATE: 05/26/2000 REQUEST NUMBER: 00147571

TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/19/2000 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0389778 JURISDICTION: TENNESSEE

BOULT CUMMINGS CONNERS & BERRY 414 UNION STREET SUITE 1600 NASHVILLE, TN 37219

REQUESTED BY: BOULT CUMMINGS CONNERS & BERRY 414 UNION STREET SUITE 1600 NASHVILLE, TN 37219

CERTIFICATE OF EXISTENCE

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

"PT INVESTORS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

NASHVILLE, TN 37219-0000

ON DATE: 05/26/00

FROM:
BOULT, CUMMINGS, CONNERS & BERRY
P. O. BOX 198062

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$0.00

\$20.00

RECEIPT NUMBER: 00002693823 ACCOUNT NUMBER: 00000413



RILEY C. DARNELL SECRETARY OF STATE