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ACCOUNT NO. : 072100000032

REFERENCE : 735158 4380061

AUTHORIZATION : Patricia P.

COST LIMIT : \$ ~~25.00~~ 125.00

ORDER DATE : June 16, 2000

ORDER TIME : 10:23 AM

ORDER NO. : 735158-025

4000003298744-4

CUSTOMER NO: 4380061

CUSTOMER: Mr. Jeff B. Stant - #52.862
Marriott International, Inc.
10400 Fernwood Road

Bethesda, MD 20817

FOREIGN FILINGS

NAME: MARRIOTT CONTINUING
CARE, LLC

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

00 JUN 21 AM 10:19

RECEIVED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 21 PM 12:05

FILED

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FILE 21

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**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. MARRIOTT CONTINUING CARE, LLC
(Name of foreign limited liability company)
2. DELAWARE 3. 52-2069459
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 4/20/00 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON REGISTRATION
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. DEPT. 924.13, 10400 FERNWOOD RD., BETHESDA, MD 20817
(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 member or managers are as follows:

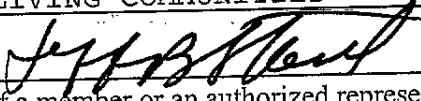
MARRIOTT SENIOR LIVING SERVICES, INC.

DEPT. 924.13, 10400 FERNWOOD RD., BETHESDA, MD 20817

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:

TO OPERATE SENIOR LIVING COMMUNITIES


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.)

JEFF B. STANT

Typed or printed name of signee
ASSISTANT SECRETARY OF SOLE MEMBER, SEE #9

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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:

MARRIOTT CONTINUING CARE, LLC.

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
(Name)

1201 HAYS STREET, SUITE 105

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

By: Gloria M. Barry

(Signature)

(Gloria M. Barry, Asst. Secy.)

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of Delaware
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 "MARRIOTT CONTINUING CARE, 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 TWENTIETH DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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00 JUN 21 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

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AUTHENTICATION: 0508017

DATE: 06-20-00