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Document Number Only

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

CORPORATION(S) NAME

100003367661--9
-08/22/00--01069--009
****130.00 ****130.00

MJH

Orlando Assisted Living Investors, LLC

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | | |

Registration

- | | | |
|--|--|---|
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input checked="" type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> CUS |

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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Name
Availability
Document Examiner
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Verifier
Acknowledgment
W.P. Verifier

8/22

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THANKS.

LAURA EARNEST

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

1. Orlando Assisted Living Investors, LLC
(Name of foreign limited liability company)
2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)
3. applied for
(FEI number, if applicable)
4. August 2, 2000
(Date of Organization)
5. perpetual
(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. 3001 Keith Street, Cleveland, Tennessee 37312
(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:
- Forrest L. Preston, Chief Manager - 3001 Keith St., Cleveland, TN 37312
- J. Michael Waddell, VP/Treasurer - 3001 Keith St., Cleveland, TN 37312
- Angelena Clayton, VP/Secretary - 3001 Keith St., Cleveland, TN 37312
- Timothy B. Arellano & Cindy S. Cross, Asst. Secretaries - 3001 Keith St., Cleveland, TN 37312
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 transact any business that is lawful under the State of Florida, including, but not limited to, the operation of nursing home assisted living facilities and assisted living facilities

Forrest L. Preston

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.)

Orlando Assisted Living, Inc., Member

Typed or printed name of signee

By: Forrest L. Preston, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 22 AM 8:39

**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:

Orlando Assisted Living Investors, LLC

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

CT Corporation System
(Name)

1200 South Pine Island Rd.
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324
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.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Connie Bryan
(Signature)

\$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: 08/07/2000
REQUEST NUMBER: 3968-1732B
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/02/2000
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0393540
JURISDICTION: TENNESSEE

TO:
LIFE CARE CENTERS OF AMERICA
PO BOX 3323

CLEVELAND, TN 37320

REQUESTED BY:
LIFE CARE CENTERS OF AMERICA
PO BOX 3323

CLEVELAND, TN 37320

CERTIFICATE OF EXISTENCE

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

"ORLANDO ASSISTED LIVING 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

ON DATE: 08/03/00

FROM:
LIFE CARE CENTERS OF AMERICA
3570 KEITH ST NW
P.O. BOX 3323
CLEVELAND, TN 37320-3323

RECEIVED: FEES \$1,500.00 \$0.00
TOTAL PAYMENT RECEIVED: \$1,500.00

RECEIPT NUMBER: 00002721219
ACCOUNT NUMBER: 00008244



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE