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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

700003363652 1  
08/22/08 01069-005  
\*\*\*\*130.00 \*\*\*\*130.00

MJH

Ocala Assisted Living Investors, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 22 AM 8:45

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00 AUG 22 PM 1:45

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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. Ocala Assisted Living Investors, LLC  
(Name of foreign limited liability company)

2. Tennessee 3. applied for  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 2, 2000 5. perpetual  
(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. 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 independent 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.)

Ocala 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 8:45

**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:

Ocala 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	<b>Filing Fee for Application</b>
\$ 25.00	<b>Designation of Registered Agent</b>
\$ 30.00	<b>Certified Copy (optional)</b>
\$ 5.00	<b>Certificate of Status (optional)</b>

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: 0393534  
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  
"OCALA 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: \$1,500.00      FEES \$0.00

TOTAL PAYMENT RECEIVED: \$1,500.00

RECEIPT NUMBER: 00002721219  
ACCOUNT NUMBER: 00008244



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE