## CORPORATE ACCESS, /

5.) (CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS\_

M000000194695-00

236 East 6th Avenue . Tallahassee, Florida 32303

INC. P.O. Box 37066 (32315-7066

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## 

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: BROOKSVILLE LESSOR/LLC (Name of foreign limited liability company) Applied For 2. <u>Delaware</u> (Jurisdiction under the law of which foreign limited liability Delaware (FEI number, if applicable) company is organized) Perpetual 9/15/00 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") Has Not Begun (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) Care Foundation of America, Inc. 2714 Archer Avenue Murfreesboro, Tennessee (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: Care Foundation of America, Inc. 2714 Archer Avenue 37129 Murfreesboro, Tennessee 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: \_\_ Operation of Elder-care and Nursing Care Facilities

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.)

Scott E. Fireison - authorized representative

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.

	the Limited Liability Company is:	·
2. The name ar	nd the Florida street address of the registe	
	NRAI Services, Inc.	
	(Name)	
	526 E. Park Avenue	
	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..

NRAI Services, Inc.

(Signature)

Charles A. Coyle - Assistant Secretary

## State of Delaware Office of the Secretary of State

PAGE I

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BROOKSVILLE LESSOR/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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROOKSVILLE LESSOR/LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0679413

DATE: 09-18-00

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