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HOLLAND & Knight, LLP
Requester's Name

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Phone #

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Westport Nursing Freedom Village L.L.C.
(Corporation Name) (Document #)

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4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

APPROVED
AND
FILED
00 OCT 27 PM 12:20 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 27 AM 11:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials DB
10-27-00

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

*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. Westport Nursing Freedom Village, L.L.C.
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied For
(FEI number, if applicable)
4. 10/20/00
(Date of Organization)
5. Perpetual
(Duration: Year limited liability will cease to exist or "perpetual")
6. January 1, 2001
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3801 PGA Boulevard, Suite 805
Palm Beach Gardens, Florida 33410
(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 members or managers are as follows:

Westport Advisors, Ltd. (Manager) 3801 PGA Boulevard, Suite 805
Palm Beach Gardens, Florida 33410
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 acquire, own, manage, operate, lease, sell, and otherwise transact business related to real, tangible, and intangible property, specifically including (but not limited to) property related to the management, ownership, leasing, operation, or financing of retirement housing and health care facilities, and to engage in all activities incidental thereto and all other activities for which a limited liability company may be organized under the laws of Delaware, Florida and the United States of America.



Lawrence L. Landry, Authorized Representative

(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.)

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**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:

Westport Nursing Freedom Village, L.L.C.

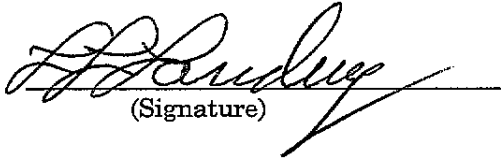
2. The name and the Florida street address of the registered agent and office are:

Lawrence L. Landry

3801 PGA Boulevard, Suite 805

Palm Beach Gardens, Florida 33410

Having been named as registered agent and to accept service of process for the above sated 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 performane 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.


(Signature)

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

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TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WESTPORT NURSING FREEDOM VILLAGE, L.L.C." 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 OCTOBER, A.D. 2000.



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Edward J. Freel
Edward J. Freel, Secretary of State

AUTHENTICATION: 0746911

DATE: 10-20-00

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