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WASHINGTON, D.C.

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May 9, 2001

031498.0001

Via UPS Next Day Air

Florida Secretary of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

100004194371--2
-05/10/01--01123--002
****125.00 ****125.00

RE: Senior Housing Associates #2, LLC

Dear Sir or Madam:

MO1-1118

Please file the enclosed Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida. A duplicate copy and a certificate of status are included. A check in the amount of \$125.00 is enclosed for the filing fee. Please stamp the enclosed copy and return it to me once the application is processed. Please forward the Certificate of Authority and any other acknowledgements of the filing to my attention.

Should you have any questions, please do not hesitate to contact me. Thank you for your assistance.

Very truly yours,

Stacy Munroe

Stacy F. Munroe
Corporate Paralegal


Enclosures

10/5/17
FILED
01 MAY 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. Senior Housing Associates #2, LLC
(Name of foreign limited liability company)
2. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. 04/27/01
(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. 2150 Goodlette Road, #600
Naples, FL 34102
(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:
Senior Housing Associates #2, Inc.
2150 Goodlette Road, #600
Naples, FL 34102
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: Own, operate and/or
manage assisted living 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.)

Thomas E. Rawles, Jr., Secretary of Manager - Senior

Typed or printed name of signee Housing Associates #2, Inc.

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01 MAY 10 PM 3:15
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:

Senior Housing Associates #2, LLC

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

C T Corporation System
(Name)

1200 South Pine Island Road
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..



(Signature)

JUDITH B. ARGAO
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)

FILED
01 MAY 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Senior Housing Associates #1, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of April 27, 2001.

This certificate is in effect as of this date.

Nothing more is hereby certified.

FILED
01 MAY 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

*Signed and Sealed at Richmond on this Date:
April 30, 2001*



Joel H. Peck
Joel H. Peck, Clerk of the Commission