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REFERENCE

: 776984

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AUTHORIZATION <:

COST LIMIT

ORDER DATE : October 9, 2002

ORDER TIME :

4:01 PM

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ORDER NO. : 776984-010

CUSTOMER NO: 7233219

CUSTOMER: Mr. Patrick M. Johnson

Home Quality Management, Inc.

Suite 155

2401 Pga Boulevard

Palm Beach Gard, FL 33410

FOREIGN FILINGS

NAME: HOM OF FORT MYERS, LLC

XXXX QUALIFICATION (TYPE: LL)

W. P. Verifyer

Name PLEASE Availabilit y	RETURI	THE	FOLLOW	ING AS	PROOF (OF FII	ING:		SECRI TALLA	02 0	
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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: HQM of Fort Myers, LLC (Name of foreign limited liability company) Delaware (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual 4. 9/20/02 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 9/20/02 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 2401 PGA Boulevards, Suite 155, Palm Beach Gardens, FL 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: Home Quality Management, Inc., Managing - Men 2401 PGA Boulevard, Suite 155 Palm BeaCH Gardens, FL 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: Operation of long term care facility. 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.) Authorized Representative of a Member Adams. An 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 name of the Limited Liability Company is: HQM of Fort Myers, LLC			
2. The name and the Florida street address of the registered agent and office are:			
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Sandra Adams, Esq.	- ES		
(Name)	SEF,	Ġ	
2401 PGA Boulevard, Suite 155	_ Z ≤		
Florida street address (P.O. Box NOT ACCEPTABLE)		£ 30	
Palm Beach Gardens, FL 33410	- -		
(City/Ştate/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)

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

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOM OF FT. MYERS, 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2002.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2004248

DATE: 09-26-02

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