

MO2000003164

Darlene Ward

(Requestor's Name)

CSC

(Address)

(Address)

(City/State/Zip/Phone #)

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Certificates of Status

1

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ACCOUNT NO. : 072100000032
REFERENCE : 836442 5020855
AUTHORIZATION : *Patricia Pigute*
COST LIMIT : \$ 160.00

ORDER DATE : November 26, 2002

ORDER TIME : 10:44 AM

ORDER NO. : 836442-010

CUSTOMER NO: 5020855

CUSTOMER: Mr. Michael S. Grant
The Nathanson Group Pllc
1520 Fourth Avenue
Sixth Floor
Seattle, WA 98101

FOREIGN FILINGS

NAME: ESC-ALTAMONTE SPRINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER: _____

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. ESC-Altamonte Springs, LLC
(Name of foreign limited liability company)
2. Washington
(Jurisdiction under the law of which foreign limited liability
company is organized)
3. _____
(FEI number, if applicable)
4. November 25, 2002
(Date of Organization)
5. August 10, 2051
(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. 3131 Elliott Avenue, Suite 500, Seattle, WA 98121

(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:

Emeritus Corporation, 3131 Elliott Avenue, Suite 500, Seattle, WA 98121

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: _____

Operate assisted living 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.)

James Spencer

Typed or printed name of signee

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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:

ESC-Altamonte Springs, LLC

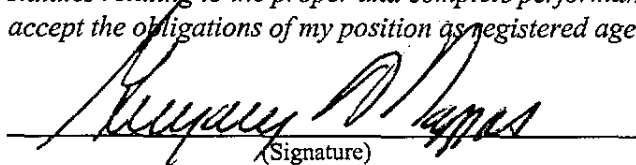
2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company
(Name)

1201 Hays Street
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.


(Signature)

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

STATE of WASHINGTON



SECRETARY of STATE

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

ESC-ALTAMONTE SPRINGS, LLC

I FURTHER CERTIFY that the records on file in this office show that the

above named limited liability company was formed under the laws of the

State of Washington and was issued a Certificate of Formation

in Washington on November 25, 2002.

I FURTHER CERTIFY that as of the date of this certificate, no cancellation

have been filed, and that the limited liability company is duly authorized to

transact business in the limited liability company form in the State of Washington.



Date: November 27, 2002

*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*

A handwritten signature of Sam Reed in cursive script.

Sam Reed, Secretary of State