

M03000001131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

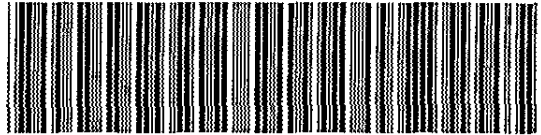
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

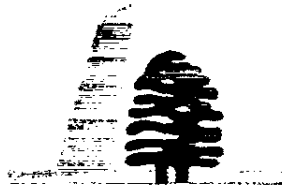


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03 APR -9 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



J B MANAGEMENT, INC.

300 South Duncan Avenue, Suite 275  
Clearwater, Florida 33755  
(727) 461-7700 • Fax (727) 446-3446  
E-mail: JBManage@aol.com

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03 APR -9 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 7, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir:

Please find enclosed the following items for Golden Years Care, LLC authorization as a foreign Limited Liability Company.

- Application by Foreign Limited Liability Company for authorization to transact business in Florida
- Certificate of Designation of Registered Agent
- Certificate of Existence, Nevada

A check is also enclosed for \$130.00,

\$100.00 Filing Fee

\$ 25.00 Designation of Registered Agent

\$ 5.00 Certificate of Status.

If you need any additional information please contact me.

Thank you for your assistance.

  
Herb Norbom, CPA  
CFO

**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. Golden Years Care, LLC  
(Name of foreign limited liability company)
2. Nevada  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 4/1/2003  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. As of Date Approved  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.135, F.S.))
7. 342 Omni Drive  
Sparks, Nevada 89436-7256  
(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:

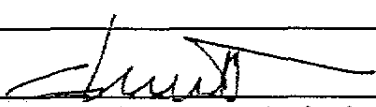
MGMT FIVE, LLC

300 S. Duncan Ave., Ste. 275

Clearwater, FL 33755

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: Services, programs for  
long term care

  
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.)

Erika L. Barrett, Trustee, Erika L. Barrett Living Trust

Typed or printed name of signee

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SEC. 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:

Golden Years Care, LLC

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

Herb Norbom

(Name)

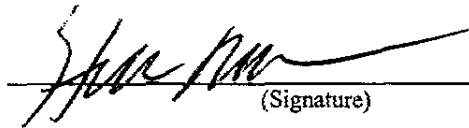
300 S. Duncan Ave., Suite 275

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Clearwater FL 33755

(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.*

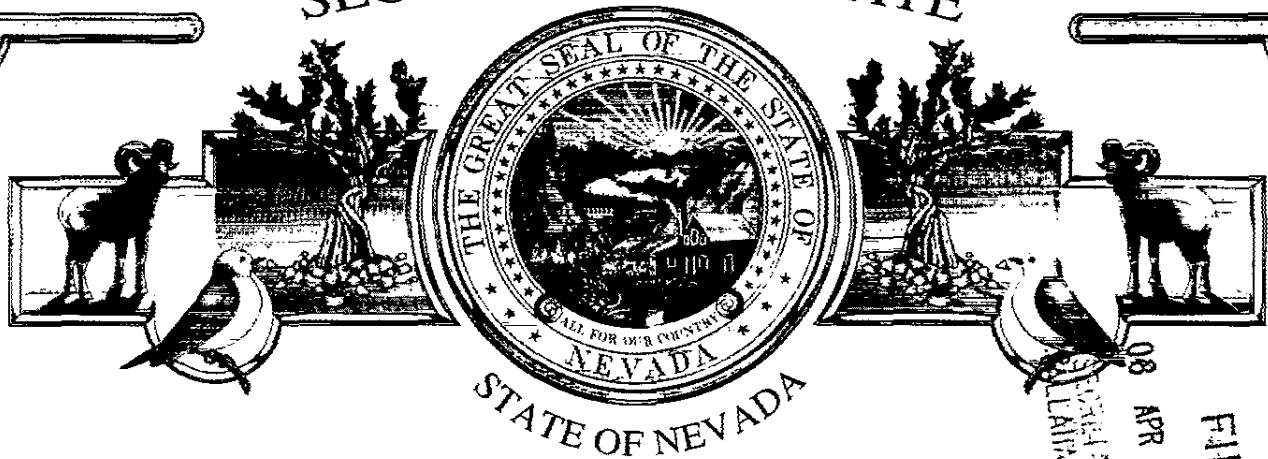


(Signature)

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

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TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



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08 APR -9 AM 9:49  
STATE  
CLERK  
TALLAHASSEE, FLORIDA

## LIMITED-LIABILITY COMPANY CHARTER

I, DEAN HELLER, the Nevada Secretary of State, do hereby certify that **GOLDEN YEARS CARE, LLC** did on **April 1, 2003**, file in this office the Articles of Organization for a Limited-Liability Company, that said Articles are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain the provisions required by the laws governing Limited-Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Carson City, Nevada, on **April 1, 2003**.

A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER  
Secretary of State



By

A handwritten signature in cursive script, likely belonging to the Certification Clerk.

Certification Clerk