

MD3000003659

00/67  
00789-01122-00608-00671

September 11, 2002

Registration Section  
Division of Corp  
409 E Gaines Street  
Tallahassee FL 32399

W02-20732

700007695657--S  
-09/12/02-01054-009  
\*\*\*\*160.00 \*\*\*\*160.00

Subject: Registration

CURAFORL

Attached are the required forms and check to register our company with the state.

Address: SH/LM Management, LLC  
17 Spring Place  
Morristown NJ 07960

Any problems with these forms, please contact either Alex Markowits or Connie Kelly.

FILED  
03 OCT 31 AM 9:05  
TALLAHASSEE, FLORIDA

BK

Thank you,  
Connie Kelly

No penalties because company  
attempted to qualify in 2002.  
per gsh

Caring  
WITH A  
COMMITMENT TO  
Quality



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 13, 2002

CONNIE KELLY  
SPRING HILLS AT MORRISTOWN  
17 SPRING PLACE  
MORRISTOWN, NJ 07960

SUBJECT: SH/LM MANAGEMENT, LLC  
Ref. Number: W02000026732

FILED  
03 OCT 31 AM 9:05  
TALLAHASSEE, FLORIDA

We have received your document for SH/LM MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 602A00052586



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 2, 2002

CONNIE KELLY  
SPRING HILLS AT MORRISTOWN  
17 SPRING PLACE  
MORRISTOWN, NJ 07960

SUBJECT: SH/LM MANAGEMENT, LLC  
Ref. Number: W02000026732

03 OCT 31 AM 9:05  
FILED  
TALLAHASSEE, FLORIDA

We have received your document for SH/LM MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 702A00055491

CARVILLE ADAR  
W03 31907  
KtL Reals



UCC FILING & SEARCH SERVICES, INC.  
526 East Park Avenue  
Tallahassee, Florida 32301  
(850) 681-6528

**HOLD**  
FOR PICKUP BY  
UCC SERVICES  
OFFICE USE ONLY

949627

October 31, 2003

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

SH/LM Management, LLC

**Filing Evident**

☐ Plain/Confirm

☒ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Statement of Document**

Statement of Status

Statement of Good Standing

Articles Only

Charter Documents to Include  
Articles & Amendments  
Fictitious Name Certificate

Other

**BUCK  
KOHHR**

**per Ed**

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
OCT 31 PM 4:37  
STATE OF FLORIDA  
CLERK OF SUPERIOR COURT

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. SH/LM Management LLC  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 04-3700936  
(FEI number, if applicable)
4. July 5, 2002  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")  
(Attempted to qualify in Sept. 2002)
6. August 10, 2002  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 17 SPRING PLACE  
MORRISTOWN NJ 07960  
(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:

Alexander C. Markowitz  
17 Spring Place  
Morristown, NJ 07960

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:

Assisted Living Management

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.)

Alexander C. Markowitz

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.

1. The name of the Limited Liability Company is:

SH/LM MANAGEMENT, LLC

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

NRAI SERVICES, INC

(Name)

526 E PARK AVENUE

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.*

Ed Hand, Asst. Secretary

(Signature)

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

# Delaware

PAGE 1

*The First State*

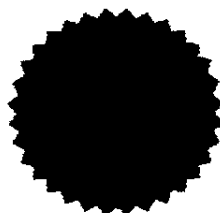
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SH/LM MANAGEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SH/LM MANAGEMENT LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3544518 8300

030700684



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 2723192

DATE: 10-31-03