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## FOREIGN LIMITED LIABILITY COMPANY

Deltona Retirement Residence LLC

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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Deltona Retirement Residence LLC					
•	(Name of Foreign Limited Liab	ility Company)				
~	Oregon 3.	20-1399361				
	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)				
4.		December 31, 2029				
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")				
6.						
	(Date first transacted business in Florid (See sections 608.501 & 608.502 P.S. to					
7.	2250 McGilchrist Street SE	<u> </u>				
	Salem, OR 97302		7			
	(Street Address of F	rincipal Office)				
8.	. If limited liability company is a manager-managed company, check here 🗷					
9.	The name and usual business addresses of the managin		U			
	Norman L. Brenden, PO Box 14111, Salem, OR 97309	(15) (15) (15) (15) (15) (15) (15) (15)				
	William E. Colson, PO Box 14111, Salem, OR 97309					
	Daniel R. Baty, 3131 Elliott Avenue, Suit 500, Seattle, WA 981	21				
fire	<ol> <li>Attached is an original certificate of existence, no more than 90 days cjurisdiction under the law of which it is organized. (A photocopy is a asslation of the certificate under oath of the translator must be submitted.</li> </ol>	not acceptable. If the contificate is in a foreign language, a				
11	. Nature of business or purposes to be conducted or pro	omoted in Florida: retitement residence				
	24					
	Signature of a member or an author (in accordance with section 608,408(3), P.S., an affirmation under the penalties of perjury of	he execution of this document constitutes				
	Norman L. Brenden	man and analog startiti for a derri				

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	ne Limited Liability Comp	pany is:				
Deltona Retirement F	Residence LLC			·		
2. The name and	the Florida street address	of the registered	agent and office are:			
_	cı	Corporation System	<b>.</b>			
(Name)						
	1200 South Pine Island Road					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
_	Plantation	FL	33324			
		City/State/Zip		•		
tiability company a agent and agree to relating to the prop abligations of my p	d as registered agent and interpretated in the place designated in the act in this capacity. I further and complete performation as registered agent in the Corporation System  (Signature)	his certificate, I he her agree to comp ince of my duties, i t as provided for in	reby accept the appointm by with the provisions of a and I am familiar with an	ient as registerea all statutes d accept the		

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

#### CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### DELTONA RETIREMENT RESIDENCE LLC

was

organized under the Oregon

Limited Liability Company Act

On

July 22, 2004

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

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Sally L. Poble

September 29 2004

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