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CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

CORPORATION NAME (S) AND DOCUMENT NUMBER					
Royal Healthcare of Avon Park, L	LC				
Filing Evidence □ Plain/Confirmation Copy		Type of Document ☐ Certificate of Status			
☑ Certified Copy		☐ Certificate of Go	Certificate of Good Standing		
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Retrieval Request Photocopy Certified Copy		□ All Charter Doc Articles & Amer□ Fictitious Name□ Other	==		
NEW FILINGS		AMENDMENTS] Di 2		
Profit		Amendment	TALLO DOS J		
Non Profit		Resignation of RA Officer/Director	ES E		
Limited Liability		Change of Registered Agent	COR SSEE		
Domestication		Dissolution/Withdrawal	ED 8 AM 9: 12 CORPORATION SSEE, FLORIDA		
Other		Merger	TILED 2005 JAN 18 AM 9: 12 2005 JAN 18 CORPORATIONS DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA		
OTHER FILINGS		REGISTRATION/QUALIFICATION	_		
Annual Reports		Foreign			
Fictitious Name	X	Limited Liability]		
Name Reservation		Reinstatement]		
Reinstatement		Trademark			
		Other			

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:

1.	ROYAL HEALTHCARE OF AVON PARK, LLC									
	(Name of Foreign Limited Liability Company)									
2.	DELAWARE 3									
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)									
4,	5. PERPETUAL									
	(Date of Organization) (Duration: Year limited liability company will bease to exist or "perpetual")									
6,	무실									
	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)									
7.	1281 WEST STRATFORD ROAD									
	AVON PARK, FLORIDA 33825									
	(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:									
	MOUNTAIN LAKE INVESTORS LLC									
	7770 POLO CLUB LANE									
	SARASOTA, FLORIDA 34240									
the). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under cath of the translator must be submitted.)									
11	Nature of business or purposes to be conducted or promoted in Florida: OWNERSHIP AND									
	OPERATION OF SKILLED NURSING FACILITY AND RELATED SERVICES									
	Muntain Lake Investors IIC by: /s/ Marshall A. Elkins, Managing Member 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.) MARSHALL A. ELKINS Typed or printed name of signee									
	Typed of printed name of signed									

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.

ROYAL HEALTHGAI	RE OF AVON PARK, LL	.c		
2. The name and the	re Florida street addre	ess of the registered agent and of	ffice are:	2005 174
NATIONAL RESEARCH CORPORATE, LTD.				展 五
(Name)				18 C
10	3 MERIDIAN STREET		_	是
	9: - 			
ΤAI	LLAHASSEE	FL 32301	_	DAS 2
		City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited tiability 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 Florida Statutes.

Have McKeowy

1. The name of the Limited Liability Company is:

\$ 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 "ROYAL HEALTHCARE OF AVON PARK, 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 TWELFTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROYAL HEALTHCARE OF AVON PARK, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2005 JAN 18 AM 9: 12

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS



Warriet Smith Windson Secretary of State

AUTHENTICATION: 3612278

DATE: 01-12-05

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