# M0500001051

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer:	





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Hol'land & Knight LLP Requester's Name	
315 So. Calhoun Street Address	
425–5675	
Ciry/State/Zip Phone #	Office Use Only ENT NUMBER(S), (if known):
	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1. SHP Services Living (Corporation Name)	
2- (Corporation Name)	(Document #)
;	
3. (Corporation Name)	(Document #)
4.	
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS Please Show
Profit	Amendment today's Cle
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability  Domestication	☐ Change of Registered Agent CLOSE ☐ Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership
	☐ Reinstatement ☐ Trademark
	Other .

Examiner's Initials

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

### TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGI THED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	SHP Senior Living Services LLC (Name of Foreign Limited Liability Company)
2. (1	Delaware  Jurisdiction under the law of which foreign limited liability company is organized)  3. Applied For (FEI number, if applicable)
4.	2/24/05 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cause to exist or "perpetual")
<b>6.</b> ,	Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	The Corporation Trust Company
	1209 Orange Street, Wilmington, Delaware 19801 (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:
	630 Fifth Avenue, 29th Floor
	New York, NY 10111
	Chiq E Anderson
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Real estate
	property 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.)
	Typed or printed name of signee
	-2 has at human muma at history

## 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 t	he Limited L	iability Co	mpany is:				
SHP	Senior	Living	Servic	es, Ll	LC		
2. The name and	the Florida	street addr	ess of the 1	registered	i agent and of	ffice are:	
1400	CT Cor	poratio				<del>,</del>	
			(Ni	ime)			
_	1200 So					_	_
	F	lorida Street	Address (P.	O. Box <u>N</u> (	OT ACCEPTABLE	)	<del></del>
_	Planta	tion		FL	33324		
			Cit	y/State/Zip			
Having been name liability company agent and agree to relating to the pro- obligations of my	at the place of act in this coper and com	designated apacity. I plete perfo	in this cert further agr rmance of i	ificate, I i ree to con my duties	hereby accept uply with the p s, and I am fan	the appoi rovisions on hiliar with	nment as registered of all statutes and accept the
	mie B	m	·····	<del></del>			
co	NME BEY	a O					
	CIAL ASSA	a a ye n	CRETAR	<b>¥</b>			

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

# Delaware

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHP SENIOR LIVING SERVICES, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D.

2005.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 3707036

DATE: 02-25-05