M05000001797

(Red	questor's	Name)		
(Add	dress)			
(Add	iress)			
(City	//State/Z	ip/Phone #)	<u> </u>	
PICK-UP	□ w	/AIT	MAIL	
(Bus	iness Er	ntity Name)		
(,,		
(Doo	ument N	lumber)		
Certified Copies	Ce	rtificates of	Status	
			T-10070-12-7	
Special Instructions to F	iling Offi	cer:		
		t.		
Name				
Availabili ty				
Document Examiner	200			
Updater	Office	Use Only		
Updater Verityer	DC C			
Ac'no leagement	DCC			
D. O. Verifyer	DCC	1		



200048301372

03/22/05--01071--016 **130.00

2005 APR -b P 1: C

war fredri

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Seviers' C (Name of	hoice, LLC f Limited Liability Company)		
Florid	nclosed "Application by Foreign Limite a," Certificate of Existence, and check ty company to transact business in Flor	are submitted to register the above re		
Please	e return all correspondence concerning t	this matter to the following:		
	Robert	(Name of Person)		
	Seviors' Choi	(Firm/Company)	SEC SALL	
	POB 2187	(Address)	S APR -6	
	VAldosta.	Georgia 31609 ity/State and Zip Code)	T = 0	
For fu	rther information concerning this matte	er, please call:		
	Robert W. Rouse, JR (Name of Person)	at (<u>229</u>) <u>548 - 5</u> (Area Code & Daytime Te	2187 elephone Number)	
	STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDREST Registration Section Division of Corporati		

Enclosed is a check for the following amount:

Tallahassee, Florida 32399

Registration Section Division of Corporations 409 E. Gaines Street

■ \$130.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy □ \$125.00 Filing Fee □ \$155.00 Filing Fee & Certificate of Status Certified Copy

P.O. Box 6327

Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 24, 2005

ROBERT W. ROUSE, JR. SENIOR'S CHOICE, LLC P.O. BOX 2187 VALDOSTA, GA 31604

SUBJECT: SENIORS' CHOICE, LLC Ref. Number: W05000015176

We have received your document for SENIORS' CHOICE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 405A00020334

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: State of Georgia 3. 37-1454980 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: Seniors' Charce, LLC Robert W. Rouse JR (MGRM+MGR) 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: FINANCIAL Services 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

Kouse

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:	•
Seniors' Choice, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Rob Taylor (Name)	
105 Treasure Palm Drive > Florida Street Address (P.O. Box NOT ACCEPTABLE)	ZIOS APR
Panama City Beach, FL 32408	10 August 10 Aug
Having been named as registered agent and to accept service of process for the above sta- liability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent as provided for in Chapter 608, Florida St	nent as registered all statutes d accept the
Soligations of the position as registered agent as provided for the Chapter 606, Piorida Si (Signature)	шись.

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

Secretary of State Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0309433 DATE INC/AUTH/FILED: 01/23/2003 JURISDICTION : GEORGIA PRINT DATE : 03/17/2005 FORM NUMBER : 211

SENIOR'S CHOICE, LLC ROBERT W ROUSE, JR POB 2187 VALDOSTA, GA 31604

CERTIFICATE OF EXISTENCE

ate of Georgia, do hereby certify I, Cathy Cox, the Secretary of under the seal of my office is in compliance with the applicable filing and a of Title 14 of the Official Code of Georgia Annotat or was authorized to Said entity was formed in the above date and has not filed articles of ellation or any other similar document with the transact business in Georgi dissolution, certificate of Iar document with the cellation Office of the Set ce of the above-named entity whether or not a notice of a statement of commencement It does no as of the print date above for withdrawal intent to dissolve an application other similar document has filed or is pending with of winding up or any the Secretary of State issued and certified information Electronic Records and Signatures Act and Title 14 accordance with the Georgia of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20050317231826411



Cathy Cox Secretary of State