

NO60000000489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

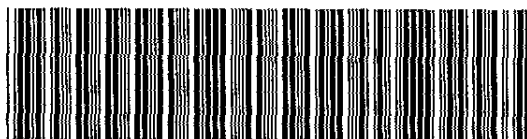
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TALLAHASSEE, FLORIDA

BRWN JAN 30 2006

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January 23, 2006

**FEDERAL EXPRESS**

Florida Department of State  
Registration Section-Corporations Division  
2661 Executive Center  
Tallahassee, Florida 32301  
**Corporations Division**

Re: Application by Foreign LLC's for Authorization to Transact Business in Florida:  
**Vanstory Riviera Senior Living, LLC**  
**Johnson Family Riviera Senior Living, LLC**

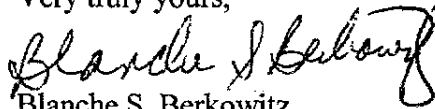
Dear Sir or Madam:

Enclosed please find the above-noted Applications to be filed in Florida.

Please file each, and return each certified copy to me. I have enclosed a check in the amount of \$160.00 in payment of each filing, certified copy and certificate fee.

Please call me if you have any questions concerning this matter. Thank you for your assistance.

Very truly yours,

  
Blanche S. Berkowitz  
Corporate Paralegal

/bsb

Enclosures

cc: Barbara R. Christy

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2006 JAN 23 AM 10:53  
TALLAHASSEE, FLORIDA

**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. Johnson Family Riviera Senior Living, LLC  
(Name of Foreign Limited Liability Company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. January 12, 2006  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 300 N. Greene Street, Suite 1000  
Greensboro, North Carolina 27401  
(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:

Edward A. Johnson, Manager

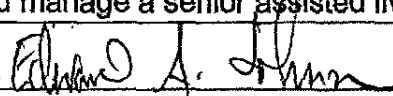
c/o Steven D. Bell & Company, 300 N. Greene Street, Suite 1000

Greensboro, North Carolina 27401

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: \_\_\_\_\_

Own, operate and manage a senior assisted living facility

  
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.)

Edward A. Johnson

Typed or printed name of signee

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JACKSONVILLE, FLORIDA

**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:

Johnson Family Riviera Senior Living, LLC

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

Jackie Tatsak, Executive Director

(Name)

Barrington Terrace, 333 16th Avenue SE


Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Largo

FL 33771

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, Florida Statutes.*

  
(Signature)

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

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TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

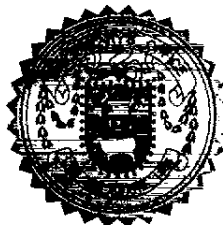
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JOHNSON FAMILY RIVIERA SENIOR LIVING, 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. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOHNSON FAMILY RIVIERA SENIOR LIVING, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2006.

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

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2006 JAN 23 AM 10:53  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA



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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4445920

DATE: 01-12-06