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(((H06000153496 3)))

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To:

Division of Corporations

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: (850)205-0383

From:

LINDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC. Account Number: 113615003626

Phone

: (407)650-1000

Fax Number : (407)540-2699

#LDRIDA/FOREIGN LIMITED LIABILITY CO.

Pennsylvania Senior Housing, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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June 9, 2006

FLORIDA DEPARTMENT OF STATE
Davision of Corporations

LINDA A SCARCELLI

SUBJECT: PENNSYLVANI SENIOR HOUSING, LLC

REF: W06000026511

SECRETARY OF STAFE VISION OF CURVINICATIONS

We received your electronically transmitted document. However, the order document has not been filed. Please make the following corrections and or refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6984.

Deborah Bruce Document Specialist FAX Aud. #: H06000153496 Letter Number: 106A00039740

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. PENNSYLVANIA SENIOR HOUSING, LLC (Name of Foreign Limited Liability Company) 2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 5 PERPETUAL 4. APRIL 21, 2006 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 450 South Orange Avenue, Orlando, FL 32801-3336 (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: CNL Senior Housing V Member, LLC 450 So. Orange Avenue Orlando, FL 32801 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: Investments ercell. 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

Linda A. Scarcelli

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.

The name of the Limited Liability Company is: Pennsylvania Senior Housing, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Linda A. Scarcelli (Name)	DIVISION : 2006 JUN
450 South Orange Avenue, Orlando, FL 32801-3336	FTARY OF OF OR
Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF STAT
FL City/State/Zip	. 8G

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) (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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The First State

1, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PENNSYLVANIA SENIOR HOUSING, 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 APRIL, A.D. 2006.



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Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4693201

DATE: 04-25-06 H06000153496