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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Apopka Senior Living, LLC

Certificate of Status	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THIS FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Apople Senior Living, LLC (Name of Foreign Limite)	a Ci	ability Company)	-
Oregon (Jurisdiction under the law of which foreign limited liability company is organized)	3. Y	20-2185930 (FEI number, if applicable)	•
January 19, 2005 (Date of Organization)	5.	Perpetual (Diration: Year limited liability company will cross to	-
3/20/2006		exist or "perpetual")	
(See sections 608.501 & 608.502 F			•
Principal Office Address: 3723 Fairview Industrial Drive	\$E,	Suhe 270, Salem, OR 97302	-
Mailing Address: 500 North Gulph Road, Suite 210, King			
(Street Addre	:SB 0:	f Principal Office)	-
. If limited liability company is a manager-manage	eđ c	company, check bere	
. The name and usual business addresses of the m	ène;	ging members or managers are as follows:	
Edward T. Yarish, Manager, 500 North Gulph Road, Sui	te 2	0, King of Prussia, PA 19406	
			•
Attached is an original certificate of existence, no more stody of records in the jurisdiction under the law of whi in a foreign language, a translation of the certificate. Nature of business or purposes to be conducted.	ich i Itc 1	t is organized. (A photocopy is not acceptable. If the conder each of the translator must be submitted.)	
I was as a passed of barbone so no southerned	·// 1	Noninces II Protein,	
	1		
Signature of a member of an (In accordance with section 608,408(3) an affirmation under dro perhalties of p	, F.9	norized representative of a member, the execution of this document constitutes y that the floor stated herein are true.)	Z SE
Typed or oring		MACISH Manager	AF.

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SECRETARY OF STATE

AFFECUE!

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 PLORIDA.

1,	. The name of the Limited Liability Company is:			
<u> </u>	popks Senior Living, LLC			
2,	The name and the Florida street address of the registered agent and office are:			
	CT Corporation System			
	(Name)			
	1200 South Pino Island Road			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation, Florida 33324			
	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.

VickiAnn Owens Special Assistant Secretary

> \$ 100.00 Filing Fee for Application \$ 25,00 Designation of Registered Agent 30.00 Certified Copy (optional) Certificate of Status (optional)

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CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

APOPKA SENIOR LIVING, LLC

was

organized under the Oregon

Limited Liability Company Act

071

January 19, 2005

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

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