Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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

	I COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO. MITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REICEN
,	Oviedo Schior Living, LLC	
•	(Name of Foreign Limited Liability Company)	
2	Oregon 3, 20-2185961	
_	(Jurisdiction under the law of which foreign United liability (FBI number, if applicable)	
4.	January 19, 2005 S. Perpetual	·
	(Date of Organization) (Duration: Year limited liability company will casse to exist or "perpenual")	
6.	3/20/2006	
	(Date first transported business in Florids, if prior to remainstant) (See sections 508.501 & 608.502 F.S. to determine penalty liability)	
7.	Principal Office Address: 3723 Fairview Industrial Drive SE, Suits 270, Salem, OR 97,102	
	Mailing Address: 500 North Gulph Road, Suite 210, King of Prussia, PA 19406	
	(Street Address of Principal Office)	
B.	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:	
	Bdward T. Yarish, Manager, 500 North Gulph Roed, State 210, King of Prussia, PA 19406	
cu is	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having stody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the ce in a foreign language, a translation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Senior Living Facility	rtificate
	Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation moder the population of perhaps that the facts stated herein are true.)	fod -
	Typed or printed name of signee	SECR

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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.

A 2 .1 971				
2. The name and the Florida street address of the registered agent and office are:				
	C T Corporation System			
	(Namo)			
	1200 South Pine Island Road			
	Piorida Strost 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
(Signature) Special Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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SECRETARY OF STATE
SECRETARY OF STATE
AHASSEE FLORIDA

APPROVED

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:

OVIEDO SENIOR LIVING, LLC

WQ5

organized under the Oregon

Limited Liability Company Act

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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