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FEORIDA/FOREIGN LIMITED LIABILITY CO.

ARAMARK Senior Living Services, LLC

Certificate of Status	0
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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:

ARAMARK Senior Liv	(Name of Foreign Limited I	Liability Company)	
Delaware	· -		
	w of which foreign limited liability	3. 20-0648583 (FEI number, if applicable)	
1/23/2004		5. perpetual	
(Date of C	Organization)	(Duration: Year limited liability company will occurred or "perpetual")	isc w
	(Date first transacted business in FI See sections 608.501 & 608.502 F.S	orida, if prior to registration.) i. to determine penalty (tability)	
2300 Warrenville Road			
Downers Grove, IL 605	515		
	(Street Address	of Principal Office)	
If limited liability e	ompany is a manager-managed	company, check here	2006 AUG 24
The name and usual	business addresses of the man	naging members or managers are as follows:	UG 2
ARAMARK Healthca	re Support Services, Inc.		 _
1101 Market Street			2
Philadelphia, PA 1910	77		8: 4:
stody of records in the	jurisdiction under the law of which	than 90 days old, duly authenticated by the official bit is organized. (A photocopy is not acceptable. It under oath of the translator must be submitted.	f the c
Nature of business	or purposes to be conducted or	r promoted in Florida: The purpose of this compa	лу
is to provide manageme	nt services to clients that own or offer	rate residential senior living centers.	
	Signature of a member or an au	www. Ithorized representative of a member.	
4	(In accordance with section 608.408(3), I an affirmation under the penaltics of per	F.S., the execution of this document constitutes	
	Megan C. Timmins, Secretary of AR	AMARK Healthcare Support Services, Inc. , Sola	Memt

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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.

1. The name of the Limited Liability Compa	my is:	
ARAMARK Senior Living Services, LLC		
2. The name and the Florida street address of	f the registered agent and office are:	
CT	Corporation System	
	(Name)	• •
1200 S	outh Pine Island Road	
Florida Street Addi	ess (P.O. Box <u>NOT</u> acceptable)	•
Plant	ation, Florida 33324	
	City/State/Zip	* *
liability company at the place designated in the agent and agree to act in this capacity. I furthe relating to the proper and complete performation obligations of my position as registered agent CT corporation System	er agree to comply with the provisions of all s ace of my duties, and I am familiar with and ac	tatutes cept the
By / What (Signature)	Special Assistant Secretary	SECRETARY DIVISCIN OF CO
\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	ED OF STATE

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARAMARK SENIOR LIVING SERVICES, 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-THIRD DAY OF AUGUST, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

DIVISION OF CORPORATIONS



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4994717

DATE: 08-23-06

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