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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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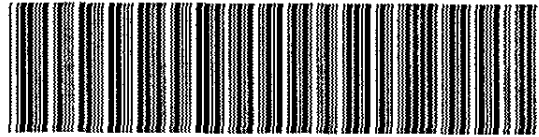
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK'S OFFICE

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MO6-5380
AR

Timothy O. North

2536 Countryside Boulevard • Sixth Floor • Clearwater, Florida 33763

VIA OVERNIGHT MAIL

September 27, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Optima Senior Health Division, LLC

Gentlemen:

Enclosed is the Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Existence, Certificate of Designation of Registered Agent, and our check in the amount of \$160.00 made payable to the Florida Department of State. Also enclosed is a Fed Ex return package for the overnight of the paperwork back to us.

Please let us know if you have any questions. Thank you.

Sincerely,



Marianne Sigona
Assistant to Timothy O. North

/ms
Encls.

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2006 SEP 28 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMA SENIOR HEALTH DIVISION, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TIMOTHY O. NORTH

(Name of Person)

NATIONAL DEVELOPMENT SERVICES

(Firm/Company)

2536 COUNTRYSIDE BLVD., 6TH FLOOR

(Address)

CLEARWATER, FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY O. NORTH

(Name of Person)

at (727) 726-0726

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. OPTIMA SENIOR HEALTH DIVISION, LLC
(Name of Foreign Limited Liability Company)

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-5560360
(FEI number, if applicable)

4. SEPTEMBER 14, 2006
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2536 COUNTRYSIDE BLVD., 6TH FLOOR

CLEARWATER, FL 33763

(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:

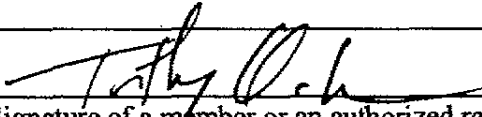
TIMOTHY O. NORTH

2536 COUNTRYSIDE BLVD., 6TH FLOOR

CLEARWATER, FL 33763

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: INSURANCE SALES


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.)

TIMOTHY O. NORTH

Typed or printed name of signee

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2006 SEP 28 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, 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:

OPTIMA SENIOR HEALTH DIVISION, LLC

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

HEATHER L. NORTH, ESQ.

(Name)

2536 COUNTRYSIDE BLVD., 6TH FLOOR

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

CLEARWATER

FL 33763

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIMA SENIOR HEALTH DIVISION, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2006.



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060864028

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5052184

DATE: 09-19-06