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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC	CT: Carrington Place of Chestnut	Hill, LLC				
(Name of Limited Liability Company)						
Florida,"		ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited				
Please re	turn all correspondence concerning this r	natter to the following:				
	Ben Atkins					
	(N	ame of Person)				
	Traditions Management					
	(Fi	rm/Company)				
	1022 Main Street, Suite H	ECHELL S DEC 2				
		(Address)				
	Dunedin, FL 34698	ID: 3				
	(City/S	tate and Zip Code)				
For furth	er information concerning this matter, pl	ease call:				
	Ben Atkins	at (727) 224-9874				
_	(Name of Person)	(Area Code & Daytime Telephone Number)				
N	IAILING ADDRESS:	STREET ADDRESS:				
Division of Corporations		Division of Corporations				
P.O. Box 6327		Clifton Building				
T	allahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
	is a check for the following amount: \$125.00 Filing Fee \times \$130.00 Filing Fee &					

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:

Carrington Place of Chestnut Hill, LLC	
(Name of Foreign Limited	Liability Company)
Virginia (Jurisdiction under the law of which foreign limited liability company is organized)	3. (FEI number, if applicable)
. 12/7/2006 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in F (See sections 608.501 & 608.502 F. 1022 Main Street, Suite H	Florida, if prior to registration.) .S. to determine penalty liability)
Dunedin, FL 34698	
	ss of Principal Office)
If limited liability company is a manager-manage. The name and usual business addresses of the ma Benjamin Atkins - 1022 Main Street, Suite	anaging members or managers are as follows:
 Attached is an original certificate of existence, no more than 90 e jurisdiction under the law of which it is organized. (A photoco anslation of the certificate under oath of the translator must be sul 	O days old, duly authenticated by the official having custody of records opy is not acceptable. If the certificate is in a foreign language, a lbmitted.)
1. Nature of business or purposes to be conducted of	or promoted in Florida: Headquarters
	authorized representative of a member.
an affirmation under the penalties of pe Benjamin Atkins	, F.S., the execution of this document constitutes erjury that the facts stated herein are true.)

Typed or printed name of signee

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:		
	Carrington Place of Chestnut Hill, LLC		
2.	The name and the Florida street address of the registered agent and office	are:	
	Benjamin Atkins (Name)		06 DEC
	1022 Main Street, Suite H	HASSEE	FLED EC 21 AL
	Florida Street Address (P.O. Box NOT ACCEPTABLE) Dunedin FI 34698	THE JASY OF STATE AHASSEE. FLORIDA	5

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.

City/State/Zip

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Commontnealth & Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Carrington Place of Chestnut Hill, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of December 07, 2006.

As of the date below, articles of cancellation have not been filed in this office by Carrington Place of Chestnut Hill, LLC, a Virginia limited liability company.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: December 15, 2006

Joel H. Peck, Clerk of the Commission