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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	
\bigvee	Office Use Only	



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SECRETARY OF STATE
ALLAHASSEF FIGHE



ACCOUNT NO. : 072100000032					
REFERENCE : 034954 4359856 PCC					
AUTHORIZATION: Spelle Blevage 1999					
COST LIMIT : \$ 125.00					
ORDER DATE : July 31, 2007					
ORDER TIME : 11:49 AM					
ORDER NO. : 034954-040					
CUSTOMER NO: 4359856					
FOREIGN FILINGS					
NAME: EMERICHIP LAKELAND LLC					
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Amanda Roath EXT# 2955					
EXAMINER:					

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Ale 1
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA N. 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: EMERICHIP LAKELAND LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
EMERICHIP LAKELAND LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
DELAWARE Aurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
JULY 13, 2007 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
5. AUGUST 14, 2007
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 508.502 F.S. to determine penalty liability)
7. 3131 ELLIOTT, #500, SEATTLE, WA 98121
(Street Address of Principal Office)
3. 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:
EMERITUS CORPORATION
3131 ELLIOTT, #500
SEATTLE, WA 98121
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 outh of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Real estate
investment.
7: Un which
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.)

Eric Mendelsohn, Director of Real Estate and Legal Affairs 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:

EME	RICHIP LAKELAND LLC		
If name unav	vailable, the alternate name to	be used in the state of Florida is:	
2. The name	and the Florida street address	ss of the registered agent and office are:	
	Corporation Service (Company	
		(Name)	
	1201 Hays Street		
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	•
liability comp agent and agr relating to the obligations of	cary at the place designated in ree to act in this capacity. I fu e proper and complete perforn	d to accept service of process for the above stat this certificate, I hereby accept the appointme wither agree to comply with the provisions of all mance of my duties, and I am familiar with and ent as provided for in Chapter 608, Florida Stat	nt as registered I statutes accept the

\$ 100.00 Filing Fee for Application

\$ 5.00 Certificate of Status (optional)

Designation of Registered Agent Certified Copy (optional)

\$ 25,00

\$ 30,00

Delaware

PAGE 3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMERICHIP LAKELAND 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 THIRTY-FIRST DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMERICHIP LAKELAND LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Warriet Smile Hindren

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5890607

DATE: 07-31-07