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### LORIDA/FOREIGN LIMITED LIABILITY CO.

#### Heartland of Sarasota FL, LLC

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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:

1. Henriland of Sarasota FL, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited I Company," "L.L.C.," "LLC.")	f the written Liabilly
Delaware 3 26-0623968	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	<del></del>
4. 7/24/2007 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	æto .
6.	•
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	0
7. 333 N. Summit Street, Toledo, OH 43604	SEC.
	S SEL
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	F SPORT
9. The name and usual business addresses of the managing members or managers are as follows:	<b>9</b>
Health Care & Retirement Corporation of America	98 ONS
333 N. Summit Street, Toledo, OH 43604	.,
	3 - 2881 <b>(8</b> - 27
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under oath of the translation must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Healthcare Operations	_
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 perjuty that the facts stated herein are true.	·
Kathryn S. Hoops, Vice President of Health Care & Retirement Corporation of	f America,
Typed or printed name of signee Member	
F Labs 7 - 48 2 2 (2 40 3 C 1 - 2 2) 2 3 6 7 a - Columb	

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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.

If name unavailable, the alternate name to be used in the state of Florida is:	
In manifestationally the entertaine manife to be used in the state of Phintin is:	<b>o.</b> PV
2. The name and the Fiorida street address of the registered agent and office are:	AUG 2
C T Corporation System	7 250
(Name)	— · · · · · · · · · · · · · · · · · · ·
1200 South Pine Island Road	8: 3: TATE
Florida Street Address (P.O. Box NOT ACCEPTABLE)	— Joseph Con Target
Plantation FI. 33324	Mantan ost i esto s Translant Manin
у у у у у у у у у у у у у у у у у у у	The self of the Politics of the boundaries of the self-order of th
And the second s	
Having been named as registered agent and to accept service of process for the abor- liability company at the place designated in this certificate. I hereby accept the appo- agent and agree to act in this capacity. I further agree to comply with the provisions relating to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent as provided for in Chapter 608, Floric	intment as registered . s of all statutes h and accept the
C T Corporation System  CONNIE BRYAN	APN

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FLUST-Inv2ACDUY C' L' System Christo

Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEARTLAND OF SARASOTA FL, 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-FOURTH DAY OF AUGUST, A.D. 2007.

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

SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

4394490 8300 070957145



Daniel Smila Hindra

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5954122

DATE: 08-24-07