Division of Corporations Public Access System

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000214409 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name

. C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5926

### ORIDA/FOREIGN LIMITED LIABILITY CO.

Arden Courts of W. Palm Beach FL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	984
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

MST

https://efile.sunbiz.org/scripts/efilcovr.exe

8/27/2007

ST CORP

PAGE 81/84

88/27/2007 I3:43

8285554912

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 606503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA 1. Arden Courts of W. Palm Beach 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 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.") (Jurisdiction under the law of which foreign limited liability company is organized) 5. Perpetual 7/24/2007 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Floridz, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) 7. 333 N. Summit Street, Toledo, OH 43604 (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: ManorCare Health Services, Inc. 333 N. Summit Street, Toledo, OH 43604 10. Attached is an original certificate of existence, no more than 90 days old, duty 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 fireign language, a translation of the certificate order outh of the translator 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.

MIST-USTATE T Symposisis

(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.)

Typed or printed name of signee

Kathryn S. Hoops, Vice President of ManorCare Health Services, Inc., Member

## 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:

·	of W. Palm Beach FL, LLC	be used in the state (	of Florida is:	
2. The name a	and the Florida street address	of the registered ag	ent and office are:	· · · · · · · · · · · · · · · · · · ·
	СТ	Corporation System		1744 250 250
		(Name)		
	1200 S	South Pine Island Ro	a <b>द</b> े	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	Fr.	33324	
•		City/State/Zip		5111
liability compai agent and agre- relating to the p obligations of n	amed as registered agent and iny at the place designated in to to act in this capacity. I further oroper and complete performany position as registered agent CT Corporation System  (Signature)	this certificate. I here ther agree to comply unce of my duties, au	by accept the appointn with the provisions of I I am familtar with an Thapter 608, Florida Si t.	nent as registered all statutes d accept the
	\$ 100,00 \$ 25.00 \$ 30.00 \$ 5.00		egistered Agent ptional)	

88/27/2087 13:43 850227/515

CT CORP

PLAST - NOCK 2007 CT System Contine

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "ARDEN COURTS OF W. PALM BEACH 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.

27 AUG 27 AM 8: 5

TATE TO VEYTHINGS

**4395354** 8300 070957188



Flarmet Smith Windson Sporters of State

AUTHENTICATION: 5954157

DATE: 08-24-07