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SECRETARY OF STATE
TALLAHASSEE, FLORBIA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Heartland of Orange Park FL, LLC

 Certificate of Status
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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 ILIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Heartland of Orange Park FL, LLC (Name of Foreign Climited 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.") 3. 26-0623613 2. Delaware (Jurisdiction under the law of which foreign limited liability (·FEI number, if applicable) company is organized) \equiv 7/24/2007 Perpetual (Dute of Organization) (Duration: Year limited liability company, will cease to exist or "perpenual") (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) ⋗ 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: Health Care & Retirement Corporation of America 333 N. Summit Street, Toledo, OH 43604 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 fineign 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: 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

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Member

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 Health Care & Retirement Corporation of America,

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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.

1. The name of the Limited Liability Company is:

(Signature)

2. The name a	nd the Florida street address of the registered agent and office are:	TALL	2007
	C T Corporation System	.AE	
	(Name) 1200 South Pine Island Road	NSSEE,	AU6 27
***	Florida Street Address (P.O. Box NOT ACCEPTABLE)	S	
	Plantation FL 33324	TATE ORIDA	0.0
	City/State/Zip		ilia in mar ilia in Sala
liability compa- agent and agre relating to the p obligations of n	umed as registered agent and to accept service of process for the above my at the place designated in this certificate. I hereby accept the appoint to act in this capacity. I further agree to comply with the provisions or oper and complete performance of my duties, and I am familiar with my position as registered agent as provided for in Chapter 608, Florida T Corporation System	itment a of all sta und acc	is registered utilites cept the

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEARTLAND OF CRANGE PARK 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.

4394454 8300 070957011



Warriet Smith Windson Secretary of State

AUTHENTICATION: 5954065

DATE: 08-24-07