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**EXAMINER** 

## ORIDA/FOREIGN LIMITED LIABILITY CO.

#### Palm Coast Retirement Residence LLC

Certificate of Status	0
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**4/14/2008** 

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

	TREMENT RESIDENCE LLC		ţ
(Hattle of LoretB)	n Cimited Liability Company; must incl	lude "Limited Liability Company," "L,L.C.," or "	LLC.")
	or managing members adopting the alt	ose of transacting business in Florida and attach a ernate name. The alternate name must include "Li	
Delaware		3. 26-1951923	ļ
	e law of which foreign limited liability	( PEl number, if applicable)	
February 12, 2008		5. perpetual	
	of Organization)	(Duration: Year limited liability company we exist or "perpetual")	ill cease to
	(Date first transacted business in F (See sections 608.501 & 608.502 P.S	ioride, it prior to registration.) 3. to determine penalty liability)	
9310 NE Vancouver	Mail Drive, Suite 200		
Vancouver, WA 986	562		
	(Street Address	s of Principal Office)	
If limited liability	y company is a manager-managed	i company, check here 🔀	
The name and us	ual business addresses of the man	naging members or managers are as follow	vs:
Hervest Managemen		<u> </u>	
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93 10 NE Vancouve	r Mail Drive, Suite 200		
93 10 NE Vancouve Vancouver, WA 986			
Vancouver, WA 986 Attached is an origina jurisdiction under the islation of the certifical	d certificate of existence, no more than 90	,	ustody of records in anguage, a
Vancouver, WA 986 Attached is an origina jurisdiction under the islation of the certifical	d certificate of coastance, no more than 90 law of which it is organized. (A photocop te under eath of the translator must be sub	ny is not acceptable. If the certificate is in a foreign k mitted.)	ustody of recents in anguage, a
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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.

T Corporation System (Name)  South Pine Island Rodress (P.O. Box NOT)  FL City/State/Zip  to uccept service of	)ad	
(Name)  South Pine Island Rodress (P.O. Box NOT)  FL.  City/State/Zip	ad [ACCEPTABLE)	-
South Pine Island Ro dress (P.O. Box NOT FL City/State/Zip	[ACCEPTABLE)	-
dress (P.O. Box <u>NOT</u> FL.  City/State/Zip	[ACCEPTABLE)	-
dress (P.O. Box <u>NOT</u> FL.  City/State/Zip	[ACCEPTABLE)	-
	33324	
	13324	<del></del> -
ther agree to comp ance of my duties, a	and I am familiar with a	fall statutes and accept the
Designation of	Registered Agent (optional)	TALLAHA
	ance of my duties, at as provided for it  Filing Fee for A  Designation of  Certified Copy	Designation of Registered Agent Certified Copy (optional)

02/14/2008 10:27 850227¢1/20

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALM COAST RETIREMENT RESIDENCE 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2008.

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

AUTHENTICATION: 6381112

DATE: 02-13-08

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