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Division of Corporations

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From:

: WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A. Account Name

Account Number: 072720000266 (941) 366-4800 Phone Fax Number

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

OCALA SENIOR LIVING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. BRYAN

MAY - 9 2008

EXAMINER

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

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:
1. Ocala Senior Living, LLC (Name of Foreign Limited Liability Company, must inclu	ide "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")	se of transacting business in Florida and attach a copy of the writte mate name. The alternate name must include "Limited Liability
_{2.} Kansas	26-2456732
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. April 22, 2008	; perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. business will be transacted after regis	stration of LLC in Florida is complete 🧢 😤
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orlda, if prior to registration.) to determine penalty liability)
7. 7309 E. 21st Street Suite 110, Wichit	a, KS 67206
	:
(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 mane	aging members or managers are as follows:
Timothy Buchanan, 7309 E. 21st Stre	eet, Suite 110, Wichita, KS 67206
Peter Russell, 269 S. Osprey Ave., S	uite 200, Sarasota, FL 34236
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	lays old, duly authenticated by the official having custody of records in y is not acceptable. If the certificate is in a foreign language, a nitred.)
11. Nature of business or purposes to be conducted or	promoted in Florida: senior housing
Gung Rom	· · · · · · · · · · · · · · · · · · ·
Signature of a member or an aut (In accordance with section 608.408(3), F.: an affirmation under the penalties of perju	horized representative of a member. S., the execution of this document constitutes In that the facts stated herein are true.
George C. Bruce	· · · · · · · · · · · · · · · · · · ·

Typed or printed name of signee

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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:	
Ocala Senior Living, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	OB HAY
E. John Wagner, II (Name)	Y - B
200 S. Orange Ave. Florida Street Address (P.O. Box NOT ACCEPTABLE)	ORPORATIONS AN 8: 27
Sarasota FL 34235-6749 FL City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



\$ 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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Kansas Online Business Entity Search

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OFFICE OF SECRETARY OF STATE RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: OCALA SENIOR LIVING, LLC

Structure: KANSAS LIMITED LIABILITY COMPANY

Business Entity ID Number: 6249932

Was filed in this office on April 21, 2008 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 05/05/2008.

RON THORNBURGH SECRETARY OF STATE

Certificate ID: 170695 - To verify the validity of this certificate please visit https://www.accesskansas.org/businessentity/validate.html and enter the certificate ID number. SECRETARY OF STATE OF STATE OF STATE OF CORPORATION OF CORPORATION OF AM 8: 27