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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LCS-Westminster Naples LLC (Name of Limited Liability Company)				
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited			
Please return all correspondence concerning this ma	atter to the following:			
Rebecca S. Stoll				
(Name of Person)				
Life Care Services LLC				
(Fir	n/Company)			
400 Locust Street, Suite 820				
(Address)			
Des Moines, IA 50309-2334				
(City/Sta	te and Zip Code)			
For further information concerning this matter, plea	se call:			
Rebecca Stoll	_at (515) 875-4674			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee}\$ \sum{7}\$130.00 Filing Fee & Certificate of \$\sum{6}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate			

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:

<i>umned LabiLity company to transact busi</i> n _{1.} LCS-Westminster Naples L	
(Name of Foreign Limited Liability Company	y; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a copy of the written of the alternate name. The alternate name must include "Limited Liability
_{2.} lowa	_{3.} 26-2612049
(Jurisdiction under the law of which foreign limite company is organized)	ed liability (FEI number, if applicable)
_{4.} 05-14-2008	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{6.} <u>05-14-2008</u>	
(Date first transacted bu (See sections 608.501 & t	usiness in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability)
7. 400 Locust Street, Suite 82	20
Des Moines, IA 50309-23	
(Str	reet Address of Principal Office)
8. If limited liability company is a manager	r-managed company, check here 🗹
9. The name and usual business addresses of	of the managing members or managers are as follows:
LCS-Naples, Inc., Managir	ng Member
•	
	nore than 90 days old, duly authenticated by the official having custody of records in (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)
11. Nature of business or purposes to be co	onducted or promoted in Florida:
owner of a continuing care	retirement community
Rebecca D	er or an authorized representative of a member
Signature of a member	of of all additionized representative of a member.
an affirmation under the per	nalties of perjury that the facts stated herein are true.)
Rebecca S. St	toll, Member Assistant Secretary

Typed or printed name of signee

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	of the Limited Liability Company is:	
LCS-Wes	stminster Naples LLC	
If name unava	silable, the alternate name to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	
	CT Corporation System (Name)	
	1203 Governors Square Blvd, Suite 101 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee, FL 32301 FL City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited llability 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.

> James M. Halpin Assistant Secretary

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

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To print the certificate use the Print link above, or use the web browser's Print command (see the File menu).

IOWA SECRETARY OF STATE MICHAEL A. MAURO



Certificate Validation

The following certificate was issued by the Iowa Secretary of State.

Certificate ID: CS21434 Validation Date: 5/30/2008

Date: 05/30/2008

CERTIFICATE OF EXISTENCE

Name: LCS-WESTMINSTER NAPLES LLC (490DLC - 363445)

Date of Organization: 5/14/2008

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of limited liability companies, certify that the limited liability company named on this certificate was duly organized under the laws of Iowa on the date printed above, that all fees required by the Iowa Limited Liability Company Act have been paid, and that articles of dissolution have not been filed.

MICHAEL A. MAURO SECRETARY OF STATE