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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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T. HAMPTON NOV - 5 2008

**EXAMINER** 

### **COVER LETTER**

**TO:** Registration Section

Division of Corporations	
SUBJECT: Wellgate Jacksonville LLC	
	ted 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 Collier	
(Nar	me of Person)
Coolidge Wall Co., L.P.A.	
(Firm	n/Company)
33 W. First Street, Suite 60	0
	(Address)
Dayton, Ohio 45402-1289	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Rebecca Collier	at ( 937 ) 449-5792
(Name of Person)	at (937 ) 449-5792 (Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum \frac{1}{2}\$125.00 Filing Fee \$\text{Certificate of } \text{Certificate of } C	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

## 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:

1. Wellgate Jacksonville 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.")
<sub>2.</sub> Ohio 3
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4 October 8, 2008 5 perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
<sub>6.</sub> upon qualification
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 500 West Madison Street, Suite 3150
Chicago, Illinois 60661
(Street Address of Principal Office)
Chicago, Illinois 60661  (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:
North Star Realty Services, LLC
500 West Madison Street, Suite 3150
Chicago, Illinois 60661
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 foreign 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: construction, ownership
and management of a senior independent living facility
Marten S. Elever V
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 an affirmation under the penalties of perjury that the facts stated herein are true.)

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	f the Limited Liability Company is:	
Wellgate Ja	acksonville LLC	<u></u> ,
If name unavai	ilable, 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:	
	NRAI Services, Inc.	
	526 E. Park Avenue  Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee 32301 <sub>FL</sub>	
	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 Designation of Registered Agent \$ 25.00 Certified Copy (optional) \$ 30.00

Certificate of Status (optional) 5.00

# United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WELLGATE JACKSONVILLE LLC, an Ohio For Profit Limited Liability Company, Registration Number 1811546, was organized within the State of Ohio on October 08, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of October, A.D. 2008

**Ohio Secretary of State** 

Validation Number: V200830107B5B7