# Division of Corputat

#### Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000145988 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. and the state of t

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Inverrary Retirement Real Estate Investors, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Inversary Retirement Real Estate Investors, 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.") Ourlsdiction under the law of which foreign limited liability company is organized) June 10, 2009 Perpetual (Duration: Year limited liability company will compensate or "perpetual") (Date of Organization) (Date first transacted business in Florida, If prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3570 Keith Street, NW Cleveland, TN 37312 (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: Developers Investment Company II, Inc., 3570 Keith Street, NW, Cleveland, TN 37312 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: \_\_\_ Real Estate owner of a retirement facility 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 panalties of perjury that the facts stated herein are true) Joan E. Thurmond, Assistant Secretary of Corporate Manager

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 the Limited Liability Company is:	
Invormry Retirement Real Estate Investors, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System	7 SE 99
(Name)	
1200 South Pine Island Road	JUN 18
Florida Street Address (P.O. Box NOT ACCEPTABLE)	SSEE SEE
Plantation FL 33324	FFS &
City/State/Zip	TATE

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.

By:

(Signature) Danny Verdecchia, Jr. Asst. Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Secretary of State Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 06/11/2009 REQUEST NUMBER: 09162107 TELEPHONE CONTACT: C615) 741-6488

CHARTER/QUALIFICATION DATE: D6/10/2009 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0604153 JURISDICTION: TENNESSEE

CFS 8161 HIGHWAY 100 #172 NASHVILLE, TN 37221 REQUESTED BY: CFS 8161 HIGHWAY 100 #172 NASHVILLE, TN 37221

#### CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "INVERRARY RETIREMENT REAL ESTATE INVESTORS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CENTIFICATE

CAPITAL FILING SERVICE (CFS)

NASHVILLE, TH 37221-0000

8161 HIGHWAY 100

ON DATE: 06/11/09

RECEIVED:

FEES #80.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$80.00

RECEIPT NUMBER: 00084633985 ACCOUNT NUMBER: 00181230



SECRETARY OF STATE