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EXAMINER



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COVER LETTER

го:	Registration Section Division of Corporations	
SUBJE	ECT: HAWTHORN RETIREMENT GROUP LLC	
	Name of Limited Liability Company	
Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cerace, and check are submitted to register the above referenced foreign limited liability company to transact business return all correspondence concerning this matter to the following:	
	Suzanne Magee	
	Name of Person	
	Hawthorn Retirement Group LLC	
	Firm/Company	
	9310 NE Vancouver Mall Drive, Suite 200	
	Address	
	Vancouver WA 98662	
	City/State and Zip Code	
	suzanne.magee@harvestdev.com E-mail address: (to be used for future annual report notification)	
or furt	ther information concerning this matter, please call:	
	The state of the s	
	Suzanne Magee at (503) 586-7308 Name of Person Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	sed is a check for the following amount:	
į	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy of Status & Certified Copy	

TO:

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: HAWTHORN RETIREMENT GROUP 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.") WASHINGTON (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) perpetual (Date of Organization) (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 9310 NE Vancouver Mall Drive, Suite 200, Vancouver, WA 98662 (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: Hawthorn Management Services Corp. 9310 NE Vancouver Mall Drive, Suite 200, Vancouver, WA 98662 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: Himited liability company 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.) arten & Culson, President Typed or printed name of signee



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

HAWTHORN RETIREMENT GROUP LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/27/2007.

I FURTHER CERTIFY that as of the date of this certificate, HAWTHORN RETIREMENT GROUP LLC remains active and has complied with the filing requirements of this office.

Date: February 8, 2010

UBI: 602-709-997

STATE OF WASHINGTON 1889 NOT IN 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

47.70

Sam Reed, Secretary of State

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.

The name of the Limited Liability Company is:
Hawthorn Retirement Group LLC
unavailable, the alternate to be used in the state of Florida is:
The name and the Florida street address of the registered agent and office are:
C T Corporation System
(Name)
1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation FL 33324
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.

By: Dorie Kluess, Asst. Secretary
(Signature)

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