

M10000001154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800171220968

03/11/10--01037--014 **320.00

FILED
10 MAR 11 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. ~~CONFIDENTIAL~~ MAR 12 2010



Life Care Services
LLC

Life Care Services LLC

Capital Square
400 Locust Street, Suite 820
Des Moines, IA 50309-2334

Phone: 515 875.4500
Fax: 515 875.4780

www.lcsnet.com

VIA Federal Express

March 10, 2010

Florida Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: CRSA/LCS Management, LLC
CRSA/LCS Development, LLC

Enclosed is an Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for both the LLC's named above, along with original Certificates of Existence. Two copies of each filing are enclosed, along with a check for \$320.00 for both filings.

Please register CRSA/LCS Management, LLC and CRSA/LCS Development, LLC to do business in Florida. Enclosed is a self-addressed, pre-paid return Federal Express envelope. If possible, please send evidence of filing using this envelope to the address below:

Rebecca S. Stoll
c/o Life Care Services LLC
400 Locust Street, Suite 820
Des Moines, IA 50309-2334

Thank you for your help.

Sincerely,

CRSA/LCS MANAGEMENT, LLC
CRSA/LCS DEVELOPMENT, LLC

Rebecca S. Stoll
Manager-Authorized Officer

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRSA/LCS Management, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Rebecca S. Stoll
Name of Person

Life Care Services LLC
Firm/Company

400 Locust Street, Suite 820
Address

Des Moines, IA 50309-2334
City/State and Zip Code

stollbecky@lcsnet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca S. Stoll at (515) 875-4674
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. CRSA/LCS Management, 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.")

2. Iowa 3. 27-1994305
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/02/2010 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. upon registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 400 Locust Street, Suite 820
Des Moines, Iowa 50309
(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:

Edward R. Kenny, 400 Locust Street, Suite 820, Des Moines, Iowa 50309

Joel D. Nelson, 400 Locust Street, Suite 820, Des Moines, Iowa 50309

Kent C. Larson, 400 Locust Street, Suite 820, Des Moines, Iowa 50309

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: Management of
retirement communities

Rebecca S. Stoll, Member Manager
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.)

Rebecca S. Stoll, Member Manager
Typed or printed name of signee

FILED
10 MAR 11 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

CRSA/LCS Management, 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:

National Corporate Research, Ltd.

(Name)

515 East Park Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee FL 32301

City/State/Zip

FILED
10 MAR 11 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Rose Marie Cole, Asst. Sec.
(Signature)

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

IOWA

SECRETARY OF STATE

Date: 3/8/2010

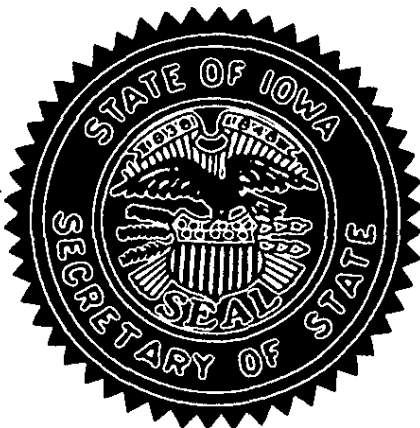
CERTIFICATE OF EXISTENCE

Name: CRSA/LCS MANAGEMENT, LLC (489DLC - 392898)

Date of Incorporation: 2/2/2010

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability company named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Revised Uniform Limited Liability Company Act have been paid by the limited liability company, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE



Printed on
Recycled Paper