Page 1 of 1

Florida Department of State

Division of Corporations. Electronic Filing Cover Sheet

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Foreign Limited Liability Company Titusville, FL ALZ, LLC

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Electronic Filing Menu Corporate Filing Menu

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

| IN COMPLIANCE WITH NECTION SOLVED FLORIDA STATUTES, THE POLITIMING IS SUBMITTED TO A LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | REGESTER, A. POREKON |
|---|--|
| 1. TITUSVILLE, FL ALZ, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." | ur.*[,1.C.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attaconsent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C." "LLC.") | th's capy of the written "Limited Liability |
| 2. Delaware 3. 27-4972284 | |
| (Jurisdiction under the law of which foreign limited liability: (FEI number, if applicable) company is organized) | |
| 4, 2/10/2011. 5 Perpetual | _ |
| (Date of Organization) (Duration: Year limited liability companions or "perpetual") | y will cease to |
| 6. 2/11/2011 | SIORE SIORE |
| (Dute first transacted business in Florida, if prior to registration;) (See sections 608.501 & 608.502 F.S. in determine penalty liability) | - 유커 |
| 7. 6905 N. Wickham Road, Suite 403 | 6 CO. |
| Melbourne, FL 32940 | |
| (Street Address of Principal Office) | ~ ട്ട |
| 8. If limited liability company is a manager-managed company, check here | TIONS |
| 9. The name and usual business addresses of the managing members or managers are as fol | Da |
| | |
| Thomas E. Biddix, 6905 N. Wickham Road, Suite 403, Melbourne, FL 32940 | |
| | ************************************* |
| | |
| 10. Attached is an original cartificate of existence, no more than 90 days old, duly authoriticated by the official having | versional of second in |
| the jurisdiction under the low of which it is openized. (A physicage is not occupable. The conflictle is in a finely | Ru padiriče u Recentrik sa teorarizati |
| translation of the certificate under outh of the translator must be submitted.) | • |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Assisted living | ng facility |
| catering to the special needs of Alzheimer patients. | ************************************** |
| Christian B. Frol | |
| Signature of a member or an authorized representative of a member. | |
| (his accordance with section 608:408(3), F.S., the exception of this deciment constitutes an all imagion a penalties, of perjury that the facts stated herein are true. I am aware that any false information author | illui in a |
| document to the Department of State constitutes a third degree feloxy as provided for in s.8 (Christina B, Sutch | 7.155, P.S.) |
| Typed or printed name of signee | |

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

| | Limited Liability Com , FL ALZ, LLC | pany is: | | |
|--|--|--|---|----------------------|
| If unavailable, the | alternate to be used in th | ne state of Florida is: | | |
| 2. The name and t | he Florida street address | of the registered agent and off | ice are: | managanida. |
| Ci | ristina B. Sutch | | partitions on a 11 s | 0 |
| Bandun | - Autoritation and the second | (Name) | | SEVI |
| 69 | 05 N. Wickham Ro | A STATE OF THE PARTY OF THE PAR | | |
| ,, | Florida Street Ad | dress (P.O. Box <u>NOT</u> acceptanle) | 5 | |
| <u>.</u> M | elbourne | FL 32940 | <u> </u> | DRP S |
| | | ,Clty/State/Zip | <u>م</u> | ORATIONS ORATIONS |
| liability company a cigent and agree to relating to the prop | the place designated in act in this capacity. If we er and complete performation as registered agentistical actions as the control of the con | to accept service of process for this certificate, I hereby accept to their with the process of my duties, and I am family as provided for in Chapter 600 mature) | he appointment as reg ovisions of all statutes (liar with and accept (f | d. istered |
| | \$ 1 เก๋าภัย | Filips: Was for Application | | |

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

02/16/11 01:02PM EST -> Division of Corporations 8506176383 Pg 4/6

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TITUSVILLE, FL ALE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2011.

AND I DO REREBY FURTHER CERTIFY THAT THE SAID "TITUSVILLE, FL ALS, LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2011. AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

4939061 8300

110142108

DATE: 02-11-11