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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

AMY J. PATTERSON

From:

Account Name : CNL FINANCIAL GROUP, INC.

: (407)540-2699

Account Number : 113615003626 Phone : (407)650-1000 Fax Number

**Snter the email address for this business entity to be used for further annual report mailings. Enter only one email address please. **

Email Address: _ amy.patterson@cnl.com

Foreign Limited Liability Company Sunrise Third Senior Living Holdings, LLC

Certificate of Status	0
Certified Copy	1
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B. BOSTICK

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FEB 17 2011

EXAMINER

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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. Sunrise Third Senior Living Holdings, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 35-2204190 (FEI number, if applicable)
4. May 5, 2003 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. 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. 450 S. Orange Avenue
Orlando, FL 32801 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
, <u> </u>
9. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows: Please see attached.
9. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows: Please see attached. ARR 1
9. The name and usual business addresses of the managing members or managers are as follows: Please see attached. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having exstody 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
9. The name and usual business addresses of the managing members or managers are as follows: Please see attached. 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.)
9. The name and usual business addresses of the managing members or managers are as follows: Please see attached. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having exstody 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
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9. The name and usual business addresses of the managing members or managers are as follows: Please see attached. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having existedy 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 each of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: holding company

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SUNRISE THIRD SENIOR LIVING HOLDINGS, LLC MANAGERS

<u>Name</u>	Address
Charles A. Muller	450 S. Orange Avenue, Orlando, FL 32801
Tammie A. Quinlan	450 S. Orange Avenue, Orlando, FL 32801
Joseph T. Johnson	450 S. Orange Avenue, Orlando, FL 32801
Damian A. Perez	68 So. Service Road, Suite 120, Melville, NY 11747
Michael K. Seitz	68 So. Service Road, Suite 120, Melville, NY 11747

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRISE THIRD SENIOR LIVING HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTRENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNRISE THIRD SENIOR LIVING HOLDINGS, LLC" WAS FORMED ON THE FIRTH DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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You may verify this certificate online at corp. dolaware gov/authver. shtml

Jeffrey W. Bullock, Secretary of State TION: 8438698

DATE: 12-17-10

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:		
Sunrise Third Senior Living Holdings, 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:	SECK TALLA	
Linda A. Scarcelli		i
(Name)	16 SSEE,	ALEXANDE PROPERTY
450 S. Orange AVenue	五五	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	9: 01 STATE ORIDA	J
Orlando _{FL} 32801		
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.

Signature) Scarcelli

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