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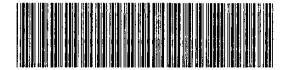
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Section Division of Corporation	ns			
SUBJE	CT: Watermark Home	Care of Florida, LLC			
		Name of Limited Liability Company			
		oreign Limited Liability Company for Authorization to Transact Business in Flori ted to register the above referenced foreign limited liability company to transact b			
Please r	eturn all correspondence	concerning this matter to the following:			
	Greta Frazier	· · · · · · · · · · · · · · · · · · ·	_		
		Name of Person			
	Watermark Re	tirement Communities, Inc			
Firm/Company					
2020 W. Rudasill Road					
Address					
	Tucson, AZ 85	5704			
		City/State and Zip Code	_		
	gfrazier@water	markcommunities.com			
		E-mail address: (to be used for future annual report notification)			
For furth	ner information concerni	ing this matter, please call:			
	Greta Frazier	at (520) 797-4000			
	Name	e of Person Area Code & Daytime Telephone Number			
	MAILING ADDRESS Division of Corporation				
Registration Section		Registration Section			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
Enclose	ed is a check for the	following amount:			
	\$125.00 Filing Fee	\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy			

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 BLISHESS. INTHE STATE OF FLORIDA.

1. Watermark Home Care of Florida, 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 writ 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 3. 45-0645696
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 03/04/2011 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Business to be transacted upon confirmation of registration with the state of Florida.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2020 W. Rudasill Road, Tucson, AZ 85704
ASS 7
(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:
David Barnes, 2020 W. Rudasill Road, Tucson, AZ 85704
David Freshwater, 2020 W. Rudasill Road, Tucson, AZ 85704
<u></u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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: Home Health Agency
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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.

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:			
. The name and	the Florida sitest addit	sa of the registered agent and office ate:	
С	T Corporation System	•	
_		(Name)	
12	200 South Pine Island Road		
12		Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
_		Address (P.O. Box NOT ACCEPTABLE)	

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: Maria Ozaeta
Vice President
(Signature)

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

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WATERMARK HOME CARE OF FLORIDA,

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 FOURTEENTH DAY OF MARCH,

A.D. 2011.

4949285 8300

110290435

AUTHENTY CATION: 8619338

DATE: 03-14-11

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