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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE FLOOR

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Provision Living at BC, 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:
Todd Spittal Name of Person
Provision Living LLC Firm/Company
1630 Des Peres Rd. Ste. 310 Address
St. Louis MO 13131 City/State and Zip Code
+ spittal@provisionliving.com + svivirito@provisionliving.com Bimail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Shelly Vivirito at 314) 238-3834 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: \$\sum_{125.00}\$ \text{Filing Fee} \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy} \text{of Status & Certified Copy} \$\sum_{0}\$ \text{S160.00 Filing Fee, Certificate of Status} \$\sum_{0}\$ \text{S160.00 Filing Fee, Certified Copy} \$\text{S160.00 Filing Fee, Certified Copy} \$S160.

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. Provision Living at BC, LLC (Name of Foreign Limited Liability Company; thust 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. Missouri 3. 45-1346588 (FEI number, if applicable)
4. Hold (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
JUBO Des Peres Rl. Ste 310 PAR TI
Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here \(\)
Provision Living Munugement, Inc. 1630 Des Peres Rd. STE 310
1630 Des Peres Rd, STE 310 54. Lovis, mo 63131
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: ouns, operates
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.

1. The name of th	e Limited Liability Comp	pany is:	
Provision	Living at BC, L	LC	
H unavailable, the	alternate to be used in th	e state of Florida is:	
2. The name and t	he Florida street address	of the registered agent and	office are:
	C 1	Corporation System	
		(Name)	
	1200	South Pine Island Road	
	Florida Street Ado	dress (P.O. Box <u>NOT</u> ACCEPTABI	LE)
	Plantation	FL ³³³²⁴	
		City/State/Zip	
liability company a agent and agree to relating to the prop obligations of my p	t the place designated in t act in this capacity. I furt er and complete performa	to accept service of process f his certificate, I hereby accep ther agree to comply with the ince of my duties, and I am fa t as provided for in Chapter	ot the appointment as registered provisions of all statutes miliar with and accept the
By: Entherin	(Signature)		
Katherine Lack	cey, Asst. Secy.		
	\$ 100.00	Filing Fee for Applicatio	
	\$ 25.00	Designation of Registere	d Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

State of Missouri



Robin Carnahan Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Provision Living at BC, LLC LC1131297

filed its Articles of Organization with this office on the April 1, 2011, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the April 1, 2011, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this April 1, 2011.

Polini Camahan

Secretary of State

