

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000194904 3)))



H110001949043ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Wildwood Retirement Residence LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED  
11 AUG -2 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 AUG -2 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. MCLEOD

EXAMINER

## FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Eva Hayes

DATE 2011-08-02 15:20:29 EDT

RE CT Order 8209950 SO / Wildwood Retirement Residence LLC

## COVER MESSAGE

Eva Hayes

Associate Operations Specialist

CT, A Wolters Kluwer business

600 S. Second Street

Suite 103

Springfield, IL 62704

217-522-4441

217-522-7868 (fax)

eva.hayes@wolterskluwer.com

FILED  
11 AUG -2 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WILDWOOD RETIREMENT RESIDENCE 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:

SUZANNE MAGEE

Name of Person

HAWTHORN MANAGEMENT SERVICES CORP.

Firm/Company

9310 NE VANCOUVER MALL DRIVE, SUITE 200

Address

VANCOUVER WA 98662

City/State and Zip Code

SUZANNE.MAGEE@HAWRET.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZANNE MAGEE

Name of Person

at ( 503 )

586-7308  
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 TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

**1. WILDWOOD RETIREMENT RESIDENCE LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," "LLC.")

**2. WASHINGTON**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 45-2856414**

(FEI number, if applicable)

**4. JULY 26, 2011**

(Date of Organization)

**5. PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6.**

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

**7. 9310 NE VANCOUVER MALL DRIVE, SUITE 200, VANCOUVER, WA 98662**

(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:**

**HAWTHORN MANAGEMENT SERVICES CORP.**

**9310 NE VANCOUVER MALL DRIVE, SUITE 200, VANCOUVER, WA 98662**

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: will own retirement residence**

  
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.)

**BARTON G. COLSON, PRESIDENT OF MANAGER**

Typed or printed name of signer

SECRETARY OF STATE  
JULIA HARRIS, FLORIDA

11 AUG - 2 PM 2:46

FILED

**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:

WILDWOOD RETIREMENT RESIDENCE 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:

C T Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL 33324

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.*

C T Corporation System

By: \_\_\_\_\_

Darle Kluebs Asst. Secretary

(Signature)

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

UNITED STATES OF AMERICA

**The State of Washington**

**Secretary of State**

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**WILDWOOD RETIREMENT RESIDENCE LLC**

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 7/26/2011.

I FURTHER CERTIFY that as of the date of this certificate, WILDWOOD RETIREMENT RESIDENCE LLC remains active and has complied with the filing requirements of this office.

Date: July 29, 2011

UBI: 603-131-717



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

*Sam Reed*

Sam Reed, Secretary of State