Division of Corporations Electronic Filing Cover Sheet

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(((H11000238252 3)))



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L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

OCT -3 2011

From:

Account Name : C T CORPORATION SYSTEM XAMINER

Account Number : FCA000000023 : (850)222-1092 Phone

: (850)878-5368 Fax Number

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 Sumpter Retirement Residence LLC

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

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: SUMPTER RETIREMENT RESIDENCE LLC Name of Limited Liability Company							
Please return all correspondence con	coming this matter to the following:						
SUZANNE MAGI							
	Name of Person						
HAWTHORN DE	VELOPMENT LLC						
	Firm/Company						
9310 NE VANCO	uver mall drive, suite 200						
****	Address						
VANCOUVER, W	VANCOUVER, WA 98662						
·	City/State and Zip Code						
	E@HAWRET.COM						
E-mail address: (to be used for future annual report notification)							
For further information concerning t	his matter, please call:						
SUZANNE MAGEE	at (503) 586-7308						
Name of							
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						
	lowing amount: 30.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate ertificate of Status & Certified Copy						

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	MPTER RETIREMENT RESIDENCE LLC		_
((Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	ir "LLC.")	-
consent	te unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attact tof the managers or managing members adopting the alternate name. The alternate name must include my," "L.L.C." "LLC.")	h a copy of the "Limited Liabi	_ written lity
	SHINGTON 3.		
(Juris qmoo	sdiction under the law of which foreign limited liability (FEI number, if applicable) pany is organized)		_
9/23	3/2011 5 PERPETUAL		
	(Date of Organization) (Duration: Year limited liability company exist or "perpetual")	y will cease to	•
i,			-
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
9310	O NE VANCOUVER MALL DRIVE, SUITE 200, VANCOUVER, WA 98662		
			-
	(Street Address of Principal Office)		-
	(Stice Address of Filmspar Other)		
. If li	imited liability company is a manager-managed company, check here 🗵		
. The	e name and usual business addresses of the managing members or managers are as fol	lows:	
n.A.	WTHORN MANAGEMENT SERVICES CORP.		-
931	10 NE VANCOUVER MALL DRIVE, SUITE 200		
VA)	NCOUVER, WA 98662		-
ac jurisd anslatio	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havin diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreig on of the certificate under outh of the translator must be submitted.)	gn langvage, a	cords in
l. Na	ature of business or purposes to be conducted or promoted in Florida: own retirement res		
			E.
	31/	100	in in
		か三	022
	Signature of a member or an authorized representative of a member.	A CONTRACTOR	6
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation of penulties of perjury that the facts stated herein are true. I am aware that any false information submit document to the Department of State constitutes a third degree felony as provided for in 5.817	itted in a 4	A
	Barton G. Colson, President of Manager, Hawthorn Management Services Corp.		io (
	Typed or printed name of signee	anii Giya	37

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:

SUMPTER RETIREMENT RESIDENCE LLC							
If unavailable,	If unavailable, the alternate to be used in the state of Florida is:						
2. The name a	and the Florida street address of	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	F <u>L</u> 33324					
		Ciry/State/Zip					
liability compa agent and agre relating to the	my at the place designated in the to act in this capacity. I furth proper and complete performany position as registered agent CT Corporation System By:	Carreron Ciùllen, Aest. Secretary					
	(Signa	ture)					
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)					



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 SUMPTER 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 9/23/2011.

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

Date: September 29, 2011

UBI: 603-146-818

STATE OF WASHINGTON TO THE STATE OF THE STAT

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

Sam Reed, Secretary of State