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MY29 M 9:31 EIARY OF STATE MASSEE, FLORID,

Foreign Limited Liability Company SENIOR LIFESTYLE MANAGEMENT 2012, LLC

Certificate of Status	0
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MAY 3 0 2012

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Help EXAMINER

	•	COVERLETTER	;	
	tration Section ion of Corporations			-
DIVE	lett or Corporations		.	
SUBJECT: S	enior lipestyle managei	ment 2012, LLC		
		Name of Limited Liability Company	1	
		Liability Company for Authorization to Transact Business in Florida," Co e above referenced foreign limited liability company to transact business		
Please return a	Il correspondence concerning this	matter to the following:		
	PHYLLIS B. KAPLAN		,	
		Name of Person		
	DLA PIPER LLP (US)	,		
		Pirm/Company		
	203 N. LASALLE ST., SUITE	1900	ľ	
		Address	[
	CHICAGO, IL 60601			
		City/State and Zip Code	E	
,	phyllis.kaplan@dlapiper.com		Z H	P
	E-mail address	: (to be used for future arrual report notification)	HAX.	
For further infor	rmation concerning this matter, pl	lease call:	SEI SEI	
PHYLL	.is B. Kaplan	gt (312) 368-2148	MAY 29. AM 9.3	
•	Name of Person	Area Code & Daytime Telephone Number	AIS AIS	C
Division	ING ADDRESS:	STREET ADDRESS: Division of Corporations	31 31 310 3.	
Registra P.O. Bo	ation Section ex 6327	Registration Section Clifton Building	•	
	sace, FL 32314	2661 Executive Center Circle Tallahasseo, FL 32301		
Enclosed is a c ⊠\$125.00	check for the following amo Filing Pee S130.00 Filing F Certificate of St	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate	ŀ	

81:11 2102/62/90 2609869998

KOITA909800 TO

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

(Name of Foreign	Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enconsent of the managers Company," "L.L.C," "Ll	or managing members adopting the altern	of transacting business in Floride and attach a copy of the late name. The alternate name must include "Limited Lisb.	written Dky
ILLINOIS	. 3.		
(Jurisdiction under the company is organized)	law of which foreign limited liability	(FEI number, If applicable)	-
2/21/2012		PERPETUAL	_
(Date o	f Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	_
•	(Date first transacted business in Plori (See sections 608,501 & 608,502 F.S. to	da, if prior to registration.) o determine penalty hability)	-
111 B. WACKER DE			
CHICAGO, IL 60601			Zić i
	(Street Address of	Principal Office)	/
If limited liability	company is a manager-managed co	ompany, check here	RETARY
The name and usu	al business addresses of the manag	ing members or managers are as follows:	E S
SENIOR LIPESTYL	MANAGEMENT, LL.C., 111 B. WAC	KER DR., STB 2200, CHICAGO, IL 60601	E-10 3
			TATE ORIO
		,	مند
e jurisdiction underthe la		s old, duly anthenticated by the official having custody of recent acceptable. If the certificate is in a fixelign language, a ed.)	ortis in
. Nature of busines	s or purposes to be conducted or pr	romoted in Florida:	
MANAGEMENT OF	SENIORS HOUSING COMMUNITIES		•
	Start		
	Signature of a member or an autho	•	
		n of this document constitutes an affirmation under the am aware that any false information submitted in a	
document	to the Department of State constitutes a t	hird degree felony as provided for in s.817,155, F.S.)	
	STEPHEN J. LEVY		

05/29/2012 11:18 8656336092

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	e of the Limited Liability Company is:			
SENIOR LIFE	estyle management 2012, LLC	_		-
If unavailabl	•		į	
2. The name	and the Plorida street address of the registered agent and office are:	-		
	C T Corporation System			1
	(Name)			
	1200 South Pine Island Road			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			-
	Plantation FI 33324			
	City/Smto/Zip	$\mathbf{\tilde{S}}_{i}$		ļ.,
liability compa agent and agr relating to the	named as registered agent and to accept service of process for the above stated limited any at the place designated in this certificate, I hereby accept the appointment as register se to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes. C T Cosporation System	CURETARY OF S	12 HAY 29 AH C	
	By: James Halpin (Signature) Assistant Secretary	RATE	9:3	
	(Ontraction)	Ď```		
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)			

\$200000 BT:TT ZT0Z/6Z/6Z/9

File Number

0388661-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SENIOR LIFESTYLE MANAGEMENT 2012, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 21, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1214602012

Authenticate at: http://www.cyberdrivelilinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH

day of

MAY

A.D.

2012

SECRETARY OF STATE