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SECRETARY OF STATE

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## LAW OFFICES SCHREEDER, WHEELER & FLINT, LLP 1100 PEACHTREE STREET, NE SUITE 800 ATLANTA, GEORGIA 30309-4516

(404) 681-3450 FACSIMILE: (404) 681-1046

June 11, 2012

Via FedEx

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Arbor FHP, LLC, a Georgia limited liability company

Dear Sir or Madam:

Enclosed please find the following

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Designation of Registered Agent/Registered Office
- Certificate of Existence (not more than 90 days old, duly authenticated)
- Check in the amount of \$763.75 for the filing fees and penalty

If you have any questions or require anything further, please contact Patricia Williamson, Esq. at the number above.

Sincerely,

Rozlan N. Tabor Legal Assistant

/rt

Enclosures

ec: Patricia Williamson, Esq. (via email w/ enclosures)

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### 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. Arbor FHP, LLC (Name of Foreign Limited Liability)	y Company; must includ	e "Limited Liability Company," "L.L	.C.," or "LLC.")
(If name unavailable, enter alternate nam consent of the managers or managing me Company," "L.L.C," "LLC.")			
2. Georgia	3.	45-2702615	
(Jurisdiction under the law of which for company is organized)	reign limited liability	(FEI number, if appli	cable)
4. July 8, 2011	5.	December 31, 2051	
(Date of Organization)		(Duration: Year limited liability coexist or "perpetual")	ompany will cease to
6. September 28, 2011			
(Date first transfer (See sections (	ansacted business in Flor 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)	7AC 12
7. 300 Northcreek, Suite 11	0, 3715 Northsid	e Parkway	
Atlanta, Georgia 30327			ASSET 3
	(Street Address o	f Principal Office)	
8. If limited liability company is a	manager-managed c	company, check here 🗹	1:59
9. The name and usual business ac	dresses of the manag	ging members or managers are	<del></del> • · ·
M.E. Costello and Ellison T	homas		
300 Northcreek, Suite 11	0, 3715 Northsic	de Parkway	
Atlanta, Georgia 30327	<del></del>		
10. Attached is an original certificate of exist the jurisdiction under the law of which it is translation of the certificate under oath of the	organized. (A photocopy e translator must be submi	is not acceptable. If the certificate is in a steel.)	a foreign language, a
11. Nature of business or purposes	s to be conducted or p	promoted in Florida: management	or assisted living facility
Madison Servic By: FOW	es Group, LLC, Member	sident	•
_	a member or an auth	norized representative of a mem	
(In accordance with section (	508.408(3), F.S., the execut	ion of this document constitutes an affirm	ation under the

Typed or printed name of signee

Ellison Thomas

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.)

#### 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:
ir unavanaore, me aternate to se used n	
m and the relation	
2. The name and the Florida street address	ess of the registered agent and office are:
CT Corporation Syste	em .
	(Noma)
	(Name)
1200 South Pine Is	
<u></u>	
	land Road

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.

Nathan S. Giffin 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)

Control No. 11051762

## STATE OF GEORGIA

#### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### ARBOR FHP, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 07/08/2011 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 5th day of June, 2012

B: P.h

Brian P. Kemp Secretary of State

Certification Number: 9127953-1 Reference: 103/102

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp