M12000003888

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		į.

Office Use Only



600237092506

07/10/12--01013--001 **3255.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

D. BRUCE

JUL 1 1 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	= * /			
	Nan	ne of Limited Liability Company		
		ility Company for Authorization to Transact Business in Florid bove referenced foreign limited liability company to transact bu		
Please r	eturn all correspondence concerning this ma	tter to the following:		
	Giulia Chiti Block			
		Name of Person	-	
	Health Care Navigator		_	
		Firm/Company		
	4 West Red Oak Lane	- Suite 201	=	
		Address	12 SEE ALL	
	White Plains, NY 1060	4	JUL 10 AM 12: 15 CRETARY OF STATE AHASSEE, FLORID,	
		City/State and Zip Code	- SS:	TA
				E A
	GBlock@hcnavigator.n	et o be used for future annual report notification)		Q -
	E-man address: (ii	o be used for future affidal report notifications		
For furt	ner information concerning this matter, pleas	se call:	∺ू ज	
	Giulia Chiti Block	at (914) 390-4324		
	Name of Person	Area Code & Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations		
	Registration Section P.O. Box 6327	Registration Section Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		
Enclos	ed is a check for the following amounts 125.00 Filing Fee \$\int_{\text{Certificate of Start}}^{\text{Start}}\$	e & \$\infty\$\$\\$155.00 \text{Filing Fee & \$\infty\$\$\\$160.00 \text{Filing Fee, Certif}\$		

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. AP2012-Fountainhead, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	
(Name of Foreign Limited Liability Company; must 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 copconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limite Company," "L.L.C," "LLC.")	y of the written d Liability
2. Delaware 3. 30-0736690	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. May 9, 2012 _{5.} Perpetual	
(Date of Organization) (Duration: Year limited liability company will c exist or "perpetual")	case to
6, N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. AP2012-Fountainhead, LLC c/o	TAS -
4 Red Oak Lane, Suite 201, White Plains, NY 10604	ECRE
(Street Address of Principal Office)	~ ☆☆ _
8. If limited liability company is a manager-managed company, check here	O AS RY OF SEE, F
9. The name and usual business addresses of the managing members or managers are as follows:	STAI FLORI
Argent Properties 2012, LLC	DH 5
4 Red Oak Lane, Suite 201, White Plains, NY 10604	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang 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:	
Real Estate Ownership	
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	3
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted is document to the Department of State constitutes a third degree felony as provided for in s.817.155,	n a
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 the Limited Liability Company is:	
AP2012-Fountainhead, 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:	SE TAL
Capitol Corporate Services, Inc.	2 JUL ECRE LAH
(Name)	2 JUL 10 ECRETARY LLAHASSE
155 Office Plaza Dr. Suite A	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	100 75
Tallahassee _{FL} 32301	en un
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.

Olani (ase asst. Sec. (Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AP2012-FOUNTAINHEAD, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2012.

5152697 8300

120733562

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 9670872

DATE: 06-26-12

You may verify this certificate online at corp.delaware.gov/authver.shtml