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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 1 1 2012

EXAMINER

COVER LETTER

Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

SUBJECT: AP2012-Oaks of Kissimmee, LLC

	ry Company for Authorization to Transact Business in Florida," Core referenced foreign limited liability company to transact business	
Please return all correspondence concerning this matter	r to the following:	
Giulia Chiti Block		
	Name of Person	
Health Care Navigator Li	LC	<u></u>
Firm/Company		ALL SECI
4 West Red Oak Lane - Suite 201		RETARY (
	Address	O P
White Plains, NY 10604		IZ JUL 10 PMIZ: 19 SECRETARY OF STATE ALLAHASSEE, FLORIO
	City/State and Zip Code	F STATE FLORIDA
GBlock@hcnavigator.net	to used for future annual report notification)	72
For further information concerning this matter, please of	call:	
Giulia Chiti Block	at (914) 390-4324	
Name of Person	Area Code & Daytime Telephone Number	
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations R R 2	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 1661 Executive Center Circle Callahassec, FL 32301	
Enclosed is a check for the following amount: \$\int_\$\$125.00 Filing Fee \times \int_\$\$Certificate of Status		

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 LIBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AP2012-Oaks of Kissimmee, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Linbility 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 copy of consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C," "LLC.")	f the written Liability
2. Delaware 3. 61-1683558	
(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 cease exist or "perpetual")	e 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)	SEI Z
7 AP2012-Oaks of Kissimmee, LLC c/o	
···	CRETARY LAHIASSI
4 Red Oak Lane, Suite 201, White Plains, NY 10604 (Street Address of Principal Office)	
· · · · · · · · · · · · · · · · · · ·	0F SE
8. If limited liability company is a manager-managed company, check here	要差 2
9. The name and usual business addresses of the managing members or managers are as follows:	ع ۳
Argent Properties 2012, LLC	
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 custody the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language 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	·
5 yPo	
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.	
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-Oaks of Kissimmee, 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:	TAL TAL
Capitol Corporate Services, Inc.	L AR
(Name)	CRETARY LAHASSE
155 Office Plaza Dr. Suite A Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tional Street Address (1.0. Box NOT Accestable)	
Tallahassee _{FL} 32301	10 14 mm q
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.

Ollanie Case 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

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The First State

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

DELAWARE, DO HEREBY CERTIFY "AP2012-OAKS OF KISSIMEE, 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.

5152714 8300

120733656

AUTHENTY CATION: 9670933

DATE: 06-26-12

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