H120001964163	Florida Department of State Division of Corporations . Electronic Filing Cover Sheet	Note: Please print this page and use it as a cover sheet. Type the fax audit gumber (shown below) on the top and bottom of all pages of the document.	(((H12000196416 3)))	Note: DO NOT hit the REFRESH/REI OAD button on your browser from this page. Doing so will generate another cover sheet.	To: Division of Corporations Fax Mumber : (850)617-6383	<pre>Pron: Account Name : MORTFMEST REGITERED AGENT LLC Account Number : 12009000081 Phone : (509)768-2249 Fax Number : (866)543-4731</pre>	**Enter the email addrous for this business entity to be used for furnre annual report mailings. Enter only one email address please.**	Email Address: research1@llcagent.com	Foreign Limited Liability Company Graham LA.C	Certificate of Status 0	Certified Copy 0 Page Count 05	Betimated Charge \$125.00			H120001964163
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12 MG , 2 M APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZ 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. Graham & Graham LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Graham & Graham Eldercare Consultants LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

2.	Washington	3.	
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)

September 23, 2011 (Date of Organization)

Perpetual 5.

(Duration: Year limited liability company will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5810 South Sheridan Ave

Tacoma, WA 98408

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Michelle Graham, 5810 South Sheridan Ave, Tacoma, WA 98408

William Graham, 5810 South Sheridan Ave, Tacoma, WA 98408

Steven Ruttenberg, 5810 South Sheridan Ave, Tacoma, WA 98408

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a 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: Eldercare consulting

Theople & July

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.)

Michelle Graham

Typed or printed name of signee

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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of Graham & Graham LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of



Washington

í.

AUG-1-2012 08:53P FROM:

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 608.406, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Graham & Graham Eldercare Consultonts, LLC (Name to be used by limited liability company in Plorida, NOTE: Name must end with Limited Liability

Company, L.L.C., or LLC.) <u> 11/1</u> 2012 Date:

Signature(s) of Manager(s) and/or Managing Member(s):

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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:

Graham & Graham LLC

If unavailable, the alternate to be used in the state of Florida is:

Graham & Graham Eldercare Consultants LLC

2. The name and the Florida street address of the registered agent and office are:

Northwest Registered Agent LLC

(Name)

3030 N. Rocky Point Dr. STE 150A Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

FL 33607

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.

Dan Keen-Manager (Signature)

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



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