Page 1 of 1

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(((H130001458963)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

1 C T CORPORATION SYSTEM Account Name

Account Number : FCA00000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

AH 8:

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rmail	Address:			

Foreign Limited Liability Company NIC 4 ROYAL PALM LEASING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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J. SAULSBERRY **EXAMINER**

JUN 2 8 2013

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

*		, .
CR2E027 (9/10)	COVERLETTER	. 1%
TO: Registration Section Division of Corporations		
SUBJECT: NIC 4 Royal Palm Leasing LLC		
•	Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Existence, and check are submitted to register t	Liability Company for Authorization to Transact Busine he above referenced foreign limited liability company to	ss in Plorida," Certificate of transact business in Plorida.
Please return all correspondence concerning thi	is matter to the following:	
·		
	Name of Person	
	Firm/Company	72
· · · · · · · · · · · · · · · · · · ·		
	Address	ZOIS JUN 27 AM 9:00
	City/State and Zip Code	
	Спульна ви гір сове	
Remail addre	ess: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter,	• •	
Name of Person	Area Code & Daytimo Telaphone Number	
,	•	·
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	!
Registration Section	Registration Section	!
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

☐ \$155.00 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

Certificate of Status

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

TRANSACT BU	usiness in Florida	
V COMPLIANCE WITH SECTION 608503, FLORIDA STATE	UTES, THE FOLLOWING IS SUBMITTED	TO REGISTER A FOREIGN
MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN	THE STATE OF FLORIDA:	ATT OF
NIC 4 Royal Palm Leasing LLC		
(Name of Foreign Limited Liability Company; must inc	slude "Limited Liability Company," "L.L.C	.," or "LLC.")
f name unavailable, enter alternate name adopted for the pur ensent of the managers or managing members adopting the al company," "L.L.C," "LLC.")	pose of transacting business in Piorida and ternate name. The alternate name must incl	attach a copy of the written lude "Limited Liability
Delaware	2 N/A	
(Jurisdiction under the law of which foreign limited liability company is organized)		ible)
June 25, 2013	5. Perpatual	
(Date of Organization)	(Duration: Year limited liability con exist or "perpetual")	npany will cease to
(Date first transacted business in f (See sections 608,501 & 608,502 P.	lorida, if prior to registration.) S. to determine panalty liability)	F . C
1345 Avenue of the Americas, 46th Plant, New York, New	w York 10105	= ∄
		~ ~ ~
(Street Address	s of Principal Office)	
If limited liability company is a manager-manage	d company, check here	
The name and usual business addresses of the ma	naging members or managers are as	follows:
NIC 4 Florida Leasing LLC, 1345 Avenue of the America	e 46th Floor New York New York 1010	
The Assessment of the Assessment of the Assessment	m 1011 1000; 11011 1011, 11011 1011 1011	•
		!
Association of the state of the	0 de - 13 delembre de 18 de - 18 de 18	
Attached is an original certificate of existence, no more fran 9 jurisdiction under the law of which it is organized. (A photoco	opy is not acceptable. If the certificate is in a	
slation of the certificate under oath of the translator must be su	bmitted)	*: *: *: *: *: *: *: *: *: *: *: *: *: *
Nature of business or purposes to be conducted o	or promoted in Florida: Operation of	senior living/
assisted living facility		
CYA: () ()		· · ·
Signature of a member of an au	مرے uthorized representative of a membe	
(In accordance with section 608,408(3), P.S., the exec	•	•
penalties of perjury that the facts stated herein are in document to the Department of State constitutes	ue. I am aware that any false information su	Ibmitted in a
Laurie A. Daniels	•	

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, PLORIDA 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: NIC 4 Royal Palm Lessing LLC				
If unavailable, the	alternate to be used i	n the state of Florida is:		
2. The name and	the Florida street add	ress of the registered agent and office are:	28	
		C T Corporation System	2013 JUN 27	
_		(Namo)	2 2	
	ı	200 South Pine Island Road	<u> </u>	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		30	
P ì	antation	PJ 33324	1887 8	
-		Clty/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.

James D. Martin Asst. Vice President

> \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

DA/SR 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIC 4 ROYAL PALM LEASING 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. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2013 JUN 27 AM 9: 00

5357251 8300

130816113

You may verify this cortificate online at corp. dolaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 06-26-13