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J. SAULSBERRY **EXAMINER**

JUL 17 2013

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DATE:

07-16-13

NAME:

LEISURE CARE, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST:

125.00

RETURN: PLAIN COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbietody

COVER LETTER

Registration Section

TO:

Division of C	orporations				
SUBJECT:		Leisure	Care, LLC		
30b3EC1			imited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed "Applica Existence, and check a	tion by Foreign Limited L re submitted to register th	iability Co	ompany for Authorization to ferenced foreign limited lial	o Transact Business in Florida," (bility company to transact busine	Certificate of ss in Florida
Please return all corres	pondence concerning this	matter to	the following:		
		De	borah Roberts		
		,	Name of Person		
			Leisure Care		
			Firm/Company	- h	2013
		1601 5tf	Avenue, Suite 1900		2013 JUL
			Address	ري اوري اين عبر	6
	Seattle, WA	98101			P !
		City	/State and Zip Code	TATE	1:20
			ts@leisurecare.com		20
	E-mail addres	s: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, p	olease call:			
	Deborah Roberts		at (206)	436-7720	
	Name of Person	Α	rea Code & Daytime Telep	hone Number	
MAILING A Division of C Registration S P.O. Box 632 Tallahassee, I	orporations Section 7	Divi Regi Clift 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle thassee, FL 32301		
	k for the following an				
\$125.00 Filin	g Fee \$130.00 Filing Certificate of		\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificat of Status & Certified Copy	8

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	Leisure Care, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")	
		,	
consen	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida and atta tof the managers or managing members adopting the alternate name. The alternate name must include any," "L.L.C," "LLC.")	ch a copy of the	writte
2.	Washington 3. (FEI number, if applicable		
(Juri com	Washington 3.)	_
1. <u> </u>	03/31/2003 5. Perpetual (Date of Organization) (Duration: Year limited liability comparexist or "perpetual")	ny will cease to	_
5,	exist of perpetual y		
,, <u> </u>	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	35 S	- 20H
7. <u> </u>	1601 5th Avenue, Suite 1900		<u>س</u> ي
	Seattle, WA 98101		
	(Street Address of Principal Office)	Ye ²	ው
3. If 1	limited liability company is a manager-managed company, check here	U)	<u> </u>
. The	e name and usual business addresses of the managing members or managers are as fo	llows:	20
	Dan Madsen 1601 5th Avenue, Suite 1900 Seattle, WA 98101		
*****	July Madeen Feet our Avonas, dates 1000 deates, 114 00101		-
			-
ne juris	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havi ediction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore ion of the certificate under eath of the translator must be submitted.)	ing custody of rec ign language, a	- cords ir
1. N	ature of business or purposes to be conducted or promoted in Florida:		_
	Management oversight of Assisted Living Facility		_•
	-M 5.0300		
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation penalties of perjury that the facts stated herein are true. I am aware that any false information substitutes at the degree felony as provided for in s.81	nitted in a	
	Dan Madsen, Manager		
	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.

Leisure Care, 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:	20 [A]
National Corporate Research, Ltd., Inc.	2013 JUL
(Name)	
	<u> </u>
155 Office Plaza Drive	E E
Placida Street Address (B.O. Pay, MOT & COPPT & DI P)	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	1: 20

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)





Bashington

4 NO.

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF LEISURE CARE, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/31/2003.

I FURTHER CERTIFY that as of the date of this certificate, LEISURE CARE, LLC remains active and has complied with the filing requirements of this office.

Date: June 20, 2013

UBI: 602-283-827

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State