M13000006278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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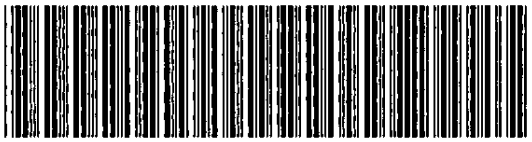

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2013 OCT -3 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. SAULSBERRY
EXAMINER
OCT 4 2013

CR2E027 (9/10)

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** A.L.M. of New England, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kate Heaton
Name of Person

A.L.M. of New England, LLC
Firm/Company

129 Lincoln Ave.
Address

Manchester Center, Vt. 05255
City/State and Zip Code

kheaton@terracecommunities.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kate Heaton at (802) 367-5249
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

**STREET ADDRESS:**
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

**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. A.L.M. of New England, 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 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. New Hampshire
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0021897
(FEI number, if applicable)

4. 6/12/2001
(Date of Organization)

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

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. 116 Newport Road
New London, NH 03257
(Street Address of Principal Office)

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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:

K.H. & K.H. Inc.

129 Lincoln Ave.

Manchester Center, Vt. 05255

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:

Manage Assisted Living Facilities

Kate Heaton, Manager
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.)

Kate Heaton
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:

A.L.M. of New England, 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:

Lisa Gallagher
(Name)

12201 S.E. Plandome Dr.
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Hobe Sound FL 33455
City/State/Zip

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*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.*

Lisa Gallagher
(Signature)

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

# State of New Hampshire
## Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that A.L.M. OF NEW ENGLAND, LLC is a New Hampshire limited liability company formed on June 12, 2001. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20th day of August, A.D. 2013

William M. Gardner
Secretary of State

# State of New Hampshire

OFFICE OF SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*I, DAVID M. SCANLAN, Deputy Secretary of State of the State of New Hampshire, do hereby certify that the attached is a true copy of Certificate of Formation, of* ***A.L.M. OF NEW ENGLAND, LLC,*** *as filed in this office and held in the custody of the Secretary of State.*

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Seal of the State, at Concord, this 20th day of August, A.D. 2013*

*Deputy Secretary of State*

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STATE OF NEW HAMPSHIRE

Fee for Form LLC 1A: $50.00
Filing fee: $35.00
Total fees $85.00
Use black print or type.
Leave 1" margins both sides.

Form No. LLC 1
RSA 304-C:12

FILED
JUN 12 2001
WILLIAM M. GARDNER
NEW HAMPSHIRE
SECRETARY OF STATE

CERTIFICATE OF FORMATION
NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is A.L.M., ~~A. L. Management~~ of New England, LLC

SECOND: The nature of the primary business or purposes are to provide management services to assisted living facilities.

THIRD: The name of the limited liability company's registered agent is Linda Brenner and the street address, town/city (including zip code and post office box, if any) of its registered office is (agent's business address) 141 Main Street, New London, NH and P.O. Box 121, Elkins, NH 03233

FOURTH: The latest date on which the limited liability company is to dissolve is None.

FIFTH: The management of the limited liability company is vested in a manager. ~~or managers~~

Dated 9/29, 01

Signature: *

Print or type name: Linda Brenner

Title: Manager
(Enter "manager" or "member")

* Must be signed by manager; if no manager, must be signed by a member.

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