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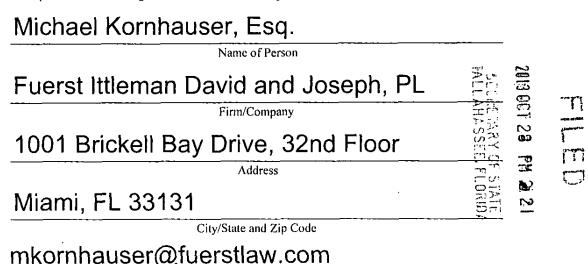
TO:

Registration Section Division of Corporations

SUBJECT:	Senior Care 88, 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:



For further information concerning this matter, please call:

Carlton Talbot, Esq.	at (305	350- 5690	
11 00	4 0 1 0 0	Stantana Mt. Alam	

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

E-mail address: (to be used for future annual report notification)

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Senior Care 88, 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 Floconsent of the managers or managing members adopting the alternate name. The alternate name Company, "L.L.C," "LLC.")	orida and attach a copy of the written must include "Limited Liability
_{2.} Delaware 3.	
2. Utilities 3. (FEI number, i company is organized)	if applicable)
4. October 24, 2013 _{5.} perpetual	
(Date of Organization) (Duration: Year limited lia exist or "perpetual")	ibility company will cease to
6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
₇ 4700 Sheridan Street STE B-108	AHIS OF T
, ·	SS 20 60 1
Hollywood, FL 33021 (Street Address of Principal Office)	mo y
8. If limited liability company is a manager-managed company, check here	SWIE
9. The name and usual business addresses of the managing members or manage	ers are as follows:
Cross Senior Care II, LLC	
4700 Sheridan Street STE B	
Hollywood, FL 33021	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate under oath of the translator must be submitted.)	cate is in a foreign language, a
11. Nature of business or purposes to be conducted or promoted in Florida: an	y and all lawful purpose
MARIA	
Signature of a member or an authorized representative of (In accordance with section 608.408(3), F.S., the execution of this document constitutes	
penalties of perjury that the facts stated herein are true. I am aware that any false infedocument to the Department of State constitutes a third degree felony as providing	ormation submitted in a
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.

l.	The name	of the	Limited	Liability	Company	is:
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Senior Care 88,	L	LC
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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:

Fuerst Ittlema	n David and Joseph, PL	The grown	2013	
	(Name)	HAH	©	
1001 Brickell	Bay Drive, 32nd Floor	E MAR	CT 28	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			70	
Miami	FL 33131	ELORIO PLORIO	22 22 23	
	City/State/Zip	<u>`</u> ,⊪	-	

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)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SENIOR CARE 88, 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-FIFTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENIOR CARE 88, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2013.

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

5421479 8300

131236753

AUTHENTYCATION: 0843822

DATE: 10-25-13

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