

M13000007631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

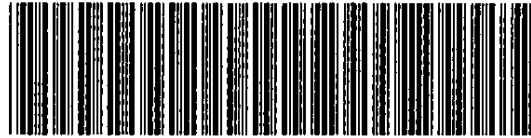
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2013 DEC -5 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC -5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVERVIEW NURSING FACILITY, 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:

John R. Dowd, Jr.

Name of Person

Dowd Law Firm, P.A.

Firm/Company

108 S.E. Eglin Parkway

Address

Fort Walton Beach, FL 32548

City/State and Zip Code

johm@dowdlawfirm.com

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

For further information concerning this matter, please call:

John R. Dowd, Jr., Esq. 850 650-2202

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2013

JOHN R. DOWD, JR.
DOWD LAW FIRM, P.A.
108 S.E. EGLIN PARKWAY
FORT WALTON BEACH, FL 32548

SUBJECT: RIVERVIEW NURSING FACILITY, LLC
Ref. Number: W13000063272

We have received your document for RIVERVIEW NURSING FACILITY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 313A00026475

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. RIVERVIEW NURSING FACILITY, 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. MISSOURI

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-0801312

(FEI number, if applicable)

4. August 20, 2009

(Date of Organization)

5. Perpetual

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

6. Upon registration

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

7. 755 Grand Blvd., Ste. B105-302

Miramar Beach, Florida 32550

(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:

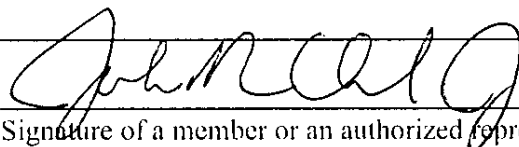
THOMAS O. DAAKE, SR. - Manager - MGR

755 Grand Blvd., Ste. B105-302

Miramar Beach, FL 32550

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: All lawful business purposes.



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.)

John R. Dowd, Jr., Esquire, Dowd Law Firm, P.A.

Typed or printed name of signee

FILED
2009 DEC -5 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

RIVERVIEW NURSING FACILITY, LLC

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

RIVERVIEW NURSING FACILITY FLORIDA, LLC

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

Dowd Law Firm, P. A.

(Name)

108 S.E. Eglin Parkway

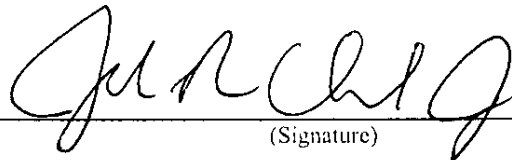
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Fort Walton Beach FL 32548

City/State/Zip

FILED
2013 DEC -5 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



(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 MISSOURI



Jason Kander
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**THE RIVERVIEW NURSING FACILITY, LLC
LC0990003**

was created under the laws of this State on the 20th day of August, 2009, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 30th day of October, 2013

A handwritten signature of Jason Kander in dark ink, written over a horizontal line.

Secretary of State

