

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002665123)))



H130002885123ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

ö

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for Enter of $^{\circ}$ \lesssim annual report mailings. Enter only one email address please, **

Email Address: NOTICES @ VCDCD SORVICES COM

Foreign Limited Liability Company PH Fort Myers Realty, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN I MAITED LIABILITY COMPANY TO TRANSICT HI SINESS INTUE STATE OF PLORIDA

ENTITED EDIDICAT CONTINUE TO PROPOSICE PROSERVESS IN THE STATE OF PLORIDIE;	
1. PH Fort Myers Realty, 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 "Limite Company," "L.L.C," "LLC.")	d Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability (PE) number, if applicable)	
company is organized)	
4. 11/14/2013 5. perpetual .	
(Date of Organization) (Duration: Year limited liability company will ex-	ase to
exist or "perpetual")	
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 7444 Long Avenue	
Skokie, IL 60077	
(Street Address of Principal Office)	R I
8. If limited liability company is a manager-managed company, check here	5
ma ma	a
9. The name and usual business addresses of the managing members or managers are as follows:	是而
Benjamin Klein, 7444 Long Avenue, Skokie, IL 60077	5
	85
	<u>-</u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod	ly 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 langu	1gc, a
nanslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
member of LLC that ewns assisted living facility	

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	
Benjamin Klein, Member	
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.

If unavailable, the alternate to be used	in the state of Florida is:		
		DR v.c.	<u> </u>
2. The name and the Florida street add	ress of the registered agent and office are:	LCAHAS	IB DEC -
Vcorp Services, LL0		SES	5
(Name)		- 14 S-48	=
5011 South State	Road 7, Suite 106	ATATE ORIDI	կ։ 58
Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	- Þ	u
Davie	_{FL} 33314		
	City/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.

(Silvanura)

\$ 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 "PH FORT MYERS REALTY, 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 FOURTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PH FORT MYERS REALTY, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2013.

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

5432630 8300

131378640

DATE: 12-04-13

AUTHENTY CATION: 0947458

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