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| (Requ                        | iestor's Name) |             |  |  |
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| (City/S                      | State/Zip/Phon | e #)        |  |  |
| PICK-UP                      | ☐ WAIT         | MAIL        |  |  |
| (Busin                       | ess Entity Nar | me)         |  |  |
| (Document Number)            |                |             |  |  |
| Certified Copies             | Certificates   | s of Status |  |  |
| Special Instructions to Fili | ng Officer:    |             |  |  |
|                              |                |             |  |  |
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2014 APR 29 AM 9: 39



MAPR 3 0 2014



ACCOUNT NO. : I2000000195

REFERENCE :

7500544

AUTHORIZATION :

COST LIMIT : \$ 125.00

CODI HIMII . V 125.00

ORDER DATE: April 29, 2014

ORDER TIME : 11:43 AM

ORDER NO. : 111486-020

CUSTOMER NO: 7500544

#### FOREIGN FILINGS

NAME: ERICKSON LIVING DEVELOPMENT,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 52925

EXAMINER:

2014 APR 29 AM 9: 39

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Erickson Living Development, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 27-1849759 Maryland 2. (Jurisdiction under the law of which foreign limited liability company is organized) Not applicable - This is a new registration for this entity. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 701 Maiden Choice Lane Baltimore, Maryland 21228 (Street Address of Principal Office) Same as above. (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are Erickson Living Holdings, LLC, Member 701 Maiden Choice Lane Baltimore, Maryland 21228 8. 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 have by which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, I translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, 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.)

Gerald F. Doherty, Senior Vice President and Secretary

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

|   | of the Limited Liability Co  | mpany is:   |   |
|---|--|---|---|
| If unavailable                                    | e, the alternate to be used in   | the state of Florida is:  |   |
| 2. The name                                       | and the Florida street addre   | ess of the registered agent and office are:   |   |
|   | Corporation Service Com  | pany  |   |
|   |  | (Name)  |   |
|   | 1201 Hays Street   |   | 201   |
|   | Florida Street   | Address (P.O. Box NOT ACCEPTABLE)   | APR   |
|   | Tallahassee  | 32301<br>FL   | 29<br>\$350                                     |
|   |  | City/State/Zip  |   |
| liability comp<br>registered ag<br>statutes relat | pany at the place designated<br>gent and agree to act in this of<br>ling to the proper and compl<br>pligations of my position as r<br>Corporation Service Comp | and to accept service of process for the above in this certificate, I hereby accept the appoint capacity. I further agree to comply with the pete performance of my duties, and I am family registered agent as provided for in Chapter 6 | ntment as<br>provisions of all<br>liar with and |
|   | \$ 100<br>\$ 25  | Signature)  0.00 Filing Fee for Application   | nyo i Togidorit                                 |

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ERICKSON LIVING DEVELOPMENT, LLC, REGISTERED OCTOBER 19, 2009, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 29, 2014.

Paul B. Anderson Charter Division

Paul B. Undron

2011 APR 29 AM 9: 35



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097