

M14 00 8003452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

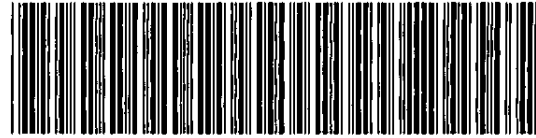
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/22/14--01001--005 \*\*160.00

RECEIVED  
TO CORP DIVISION  
SUFFICIENT FILING

2014 MAY 21 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY 21 AM 9:35

FILED

**CT Corporation System**  
**CCRC OPCO- BRADENTON, LLC**

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Nonprofit  
 Domestic Corporation

Limited Partnership  
 LLC  
**Qualification**

Certified Copy  
**Qualification**

Walk In  
 Mail Out

Amendment  
 Dissolution/Withdrawal  
 Reinstatement  
 Annual Report

Name Registration  
 Fictitious Name

Photocopies

Will Wait

Merger  
 Mark

Other  
 UCC

CUS

After 4:30  
 Pick Up

Name \_\_\_\_\_  
Availability \_\_\_\_\_ 5/21/2014  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_ **KM**  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

Order#: \_\_\_\_\_  
**9152252**  
Ref#: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

**CT Corporation System**  
**CCRC OPCO- BRADENTON, LLC**

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Nonprofit                 | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Domestic Corporation      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC            | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> UCC                |
| Qualification                                      | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> CUS     |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> After 4:30         |
| Qualification                                      | <input type="checkbox"/> Photocopies            | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              |   |
| <input type="checkbox"/> Mail Out                  |   |   |

Name _____		
Availability _____	5/21/2014	Order#:
Document _____		<b>9152252</b>
Examiner _____	<b>KM</b>	Ref#:
Updater _____		
Verifier _____		
W.P. Verifier _____		Amount: \$
_____		
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_____		

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CCRC OpCo - Bradenton, 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:

Jamie Curry

\_\_\_\_\_  
Name of Person

Brookdale Senior Living

\_\_\_\_\_  
Firm/Company

111 Westwood Place, Suite 400

\_\_\_\_\_  
Address

Brentwood, TN 37027

\_\_\_\_\_  
City/State and Zip Code

jc Curry1@brookdale.com

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

For further information concerning this matter, please call:

Jamie Curry

\_\_\_\_\_  
Name of Contact Person

at ( 615 ) 221-2250

\_\_\_\_\_  
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  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. CCRC OpCo - Bradenton, 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.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 111 Westwood Place, Suite 400  
Brentwood, TN 37027  
(Street Address of Principal Office)

6. 111 Westwood Place, Suite 400  
Brentwood, TN 37027  
(Mailing Address)

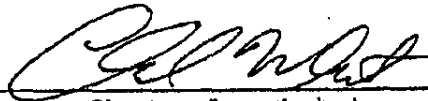
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Chad White, Vice President and Secretary of American Retirement Corporation, which is the managing member of BKD

CCRC OpCo HoldCo Member, LLC, which is the managing member of CCRC OpCo - Bradenton, LLC.

111 Westwood Place, Suite 200, Brentwood TN 37027

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 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)



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.)

Chad White

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY 21 AM 9:35

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**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.

1. The name of the Limited Liability Company is:

CCRC OpCo - Bradenton, 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:

C T Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL 33324

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 605, Florida Statutes.*

By:

C T Corporation System

(Signature)

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

FILED  
14 MAY 21 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCRC OPCO - BRADENTON, 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-FIRST DAY OF MAY, A.D. 2014.

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

FILED  
14 MAY 21 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5534719 8300

140677046



  
AUTHENTICATION: 1388838

DATE: 05-21-14