

M14 00 0003453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

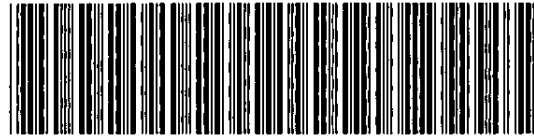
(Business Entity Name)

(Document Number)

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

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2014 MAY 21 PM 4:10

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14 MAY 21 AM 9:36

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**CT Corporation System**

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

**CCRC OPCO- LAKE PORT SQUARE, LLC**☐ Nonprofit  
☐ Domestic Corporation☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Reinstatement  
☐ Annual Report☐ Merger☐ Limited Partnership  
☒ LLC☐ Mark☐ Other**Qualification**☒ Certified Copy  
**Qualification**☐ Name Registration  
☐ Fictitious Name☐ UCC☒ CUS☒ Walk In☐ Photocopies☐ After 4:30☐ Mail Out☐ Will Wait☒ Pick Up

Name

Availability \_\_\_\_\_

5/21/2014

Order#:

Document

**9152252**

Examiner \_\_\_\_\_

**KM**

Ref#:

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$

**CT Corporation System**

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

**CCRC OPCO- LAKE PORT SQUARE, LLC**

<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 checked="" type="checkbox"/> LLC	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
Qualification		
	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	
Qualification		<input checked="" type="checkbox"/> CUS
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<input type="checkbox"/> Mail Out	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
Name		
Availability _____	5/21/2014	Order#:
Document		<b>9152252</b>
Examiner _____	<b>KM</b>	Ref#:
Updater _____		
Verifier _____		
W.P. Verifier _____		Amount: \$

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CCRC - Lake Port Square, 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

jcurrey1@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 - Lake Port Square, 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

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

3.

(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 - Lake Port Square, 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.817.135, F.S.)

Chad White

Typed or printed name of signee

14 MAY 21 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 - Lake Port Square, 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)

FILED  
14 MAY 21 AM 9:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

# Delaware

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## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCRC - LAKE PORT SQUARE, 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 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5534722 8300

140677118



*Jeffrey W. Bullock*  
AUTHENTICATION: 1588887

DATE: 05-21-14