To: Division of Corporations Page 654 6 0014.9 15:107 EDT 3 7 1272648

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140001262053)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 : (407)650-1000 Phone Fax Number : (407)540-2699

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Foreign Limited Liability Company CLP La Conner WA Senior Living, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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 605.0902,	FLORIDA STATUTES,	THE FOLLOWING .	IS SUBMITTED T	O REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO				

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITE FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ED TO.	REGIS	TER A
1 CLP La Conner WA Senior Living, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "EL	C.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name in Liability Company," "L.L.C," or "L.L.C,"	rust inclus	le "Limi	ited
2. Delaware 3. Applied for			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	<u> </u>	4	
_{4.} upon qualification		II.	Herman
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	33	30	Photogram services
5. 450 S. Orange Avenue	음-: 면 <u>~</u>	_ 	} !************************************
Orlando, FL 32801	FLO	== F	क्षेत्रकामक्ष्री है वृद्धी
6. PO Box 4920	NIDA NIDA	ភ	E.
Orlando, FL 32802			
(Mailing Address)			
7. The name, title or capacity and address of the person(s) who has/have authority to manage	e is/are		
Joseph T. Johnson, Manager - 450 S. Orange Ave., Orlando, F	L 328	301	
Stephen H. Mauldin, Manager - 450 S. Orange Ave., Orlando, F	L 328	301	
Holly J. Greer, Manager - 450 S. Orange Ave., Orlando, Fl	_ 328	301	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticate having custody of records in the jurisdiction under the law of which it is organized. (A photo acceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)	copy is	not	
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 am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for it	ne facts stat in s.817.15:	ed heroin 5, F.S.)	nare true. 1
Amy J. Patterson			

Typed or printed name of signee

#140001252053

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 Conner WA Se	nior Living, LLC		
If unavailable	the alternate to be used in	the state of Florida is:	. 3E0	
2. The name	and the Florida street addre	ess of the registered agent and office are:	AHASS	ALLES TRADES
	Amy J. Patter	son		* 7
		(Name)	rio 🗕	E 7
	450 S. Orange	e Avenue	TATE ORIGA	"GENER"
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Orlando	FL 32801		
		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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CLP LA CONNER WA SENIOR LIVING,
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-NINTH DAY OF MAY,
A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLP LA CONNER WA SENIOR LIVING, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2014.

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

SIVIS 10 X8

5486243 8300

140743473

AUTHENT CATION: 1407546

DATE: 05-29-14

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