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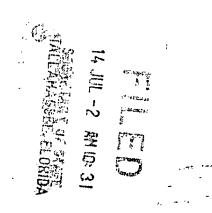
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| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Reader & Partners, LLC 5850 T.G. Lee Boulevard, Suite 200 Orlando, FL 32822 p: 407.856.4899 f: 407.856 5185 readerpartners.com

June 30, 2014

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

Please find enclosed the documents required to register ALF Katz Hernando West, LLC of Mississippi as a Foreign Limited Liability Company. Any questions may be directed to Marlene DeMarco.

Thanks,

Marlene DeMarco

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: ALF Katz Hernando West, 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:

| Jeff Read | der           |                           |                               |  |  |  |
|-----------|---------------|---------------------------|-------------------------------|--|--|--|
|           |               | Name of Pe                | rson                          |  |  |  |
| Reader 8  | Part          | ners, LLC                 | ı<br>!                        |  |  |  |
|           |               | Firm/Comp                 | any                           |  |  |  |
| 5850 T.G  | . Lee         | Boulevar                  | d, Suite 200                  |  |  |  |
| Address   |               |                           |                               |  |  |  |
| Orlando   | FL            | 32822                     |                               |  |  |  |
|           |               | City/State and 2          | ip Code                       |  |  |  |
| Marlene@  | <u>)</u> read | erpartner                 | s.com                         |  |  |  |
|           | E-mail addre  | ss: (to be used for futur | e annual report notification) |  |  |  |

For further information concerning this matter, please call:

### Marlene Demarco

,407

240-6184

Name of Contact Person

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 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: ALF Katz Hernando West, 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. Mississippi (Jurisdiction under the law of which foreign limited liability company is organized) May 16, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 5850 T. G. Lee Boulevard, Suite 200 Orlando. 32822 (Street Address of Principal Office) <sub>6.</sub> 5850 T. G. Lee Boulevard, Suite 200 32822 Orlando, FL (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manageris Jeff Reader Development Director 5850 T. G. Lee Boulevard, Suite 200 Orlando, FL 32822 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.)

Jeff Reader

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.

| 1. | The name | of the | Limited | Liability | Company | is |
|----|----------|--------|---------|-----------|---------|----|
|----|----------|--------|---------|-----------|---------|----|

## ALF Katz Hernando West, 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:

## Perry J. Reader

(Name)

### 5850 T.G. Lee Boulevard Suite 200

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

Orlando,

32822

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# State of Mississippi

Secretary of State's Office C. Delbert Hosemann, Jr.

Secretary of State Jackson, Mississippi

May 15, 2014

ALF Katz Hernando West, LLC

#### CERTIFICATE OF REINSTATEMENT

This certificate is issued because the Secretary of State has determined the following:

- (1) The ground or grounds for dissolution/revocation did not exist or have been eliminated;
- (2) The corporate name is available for use; and
- (3) All taxes owed by the corporation have been paid

This Certificate of Reinstatement relates back to and takes effect as of the effective date of administrative dissolution/revocation and the corporation resumes carrying on its business as if the administrative dissolution/revocation had never occurred.

Given under my hand and seal of office May 15, 2014

C. Delbert Hosemann, Jr. Secretary of State

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