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(((H14000222025 3)))



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: BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number: 072731001155

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

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Foreign Limited Liability Company Trinity Senior Living, LLC

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9/22/2014

September 23, 2014

FLORIDA DEPARTMENT OF STATE

BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE Corporations

SUBJECT: TRINITY SENIOR LIVING, LLC

REF: W14000058035

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II FAX Aud. #: H14000222025 Letter Number: 014A00020314

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14 SEP 23 AH II: 09
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BUREAU OF COMPERCIAL
INFORMATION SPRVICES

H14000222025

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:

	enior Living, LLC	311111111111111111111111111111111111111				
(Nār	ie of Foreign Limited Liability Com	pany; hwat include "t	Limited Liability (ompany," "L.L.C.," (or "LLC.")	→
(If name unavailab Liability Company	le, enter alternate name adopted for ""L.L.C," or "LLC.")	he purpose of transac	cing business in F	orida. The alternate r	name must include	United
₂ Delawa	<u></u>	3	38-39241	30		2
(Jurisdiction un company is on	ier the law of which foreign limited			FEI number, if applie	cable)	
4. N/A	,				inc.	
	(See sections 605.08	cted business in Flori 104 & 605,0905, F.S.	da, if prior to regis to determine pena	tretion.) Ity liability)	ORI	25
_{s.} 154 N.	Ryan Street				3	<u></u>
Santa	Rosa Beach, FL 3	32459				
		(Street Address of P	rincipal Office)			
_{6.} 154 N.	Ryan Street				. 	
Santa	Rosa Beach, FL 3					
		(Mailing Ac	ddress)			
7. The name,	title or capacity and address	s of the person(s) who has∕ha	ve authority to n	nanage is/are:	
Waterma	rk BRW Trinity, LL	.C _. a Delay	vare limit	ed liability	company	Member
154 N. R	yan Street					
Santa Ro	sa Beach, FL 324	59				
having custod	an original certificate of ex y of records in the jurisdicti the certificate is in a foreign itted)	on under the lav	v of which it i	s organized. (A	photocopy is a	not
	72	2				
		gnature of an au	s an affirmation und	er the ponalties of porju		
	Richard J. R	lookis				
	Тур	ed or printed na	me of signee			

H14000222025

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: Trinity Senior Living, LLC If unavailable, the alternate to be used in the state of Florida is:						
2. The nam	ne and the Florida street addr	ress of the registered agent and office are				
	David L. Kocl	he				
	(Name)					
	601 Bayshore Boulevard, Suite 700					
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)				
	Tampa	_{FL} 33606				
		City/State/Zip				
liability con registered a statutes rela	npany at the place designated agent and agree to act in this ating to the proper and compi	and to accept service of process for the aboved in this certificate, I hereby accept the appo capacity. I further agree to comply with the lete performance of my duties, and I am fami registered agent as provided for in Chapter	intment as provisions of all iliar with and			

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

Designation of Registered Agent

Certified Copy (optional)

5.00 Certificate of Status (optional)

H14000222025

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRINITY 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRINITY SENIOR LIVING, LLC" WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2014.

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

5477563 8300

141197161

AUTHENTY CATION: 1711232

DATE: 09-18-14

You may perkin the cortificate online at corp. delaware. you /authver. shtml