

M14000007612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

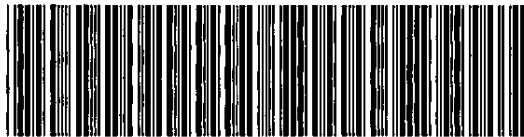
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Certified Copies ☒

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FILED
14 OCT 17 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 21 2014
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nocona-Henrietta Health Properties, 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:

Marla S. Wigginton

Name of Person

Paster, West & Kraner, p.c.

Firm/Company

138 N. Meramec Avenue

Address

Clayton, Missouri 63105

City/State and Zip Code

msw@pwklaw.com

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

For further information concerning this matter, please call:

Kimberly D. Cheatwood at (314) 446-3436

Name of Contact Person

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

Paster, West & Kraner, p.c.

Attorneys At Law

Kimberly D. Cheatwood
Legal Assistant
E-mail: kdc@pwklaw.com

October 16, 2014

FEDERAL EXPRESS

Florida Secretary of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Application to Transact Business in Florida

To whom it may concern:

I am enclosing Applications to Transact Business in Florida for the following entities:

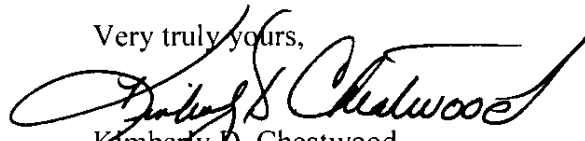
1. Nocona-Henrietta Health Properties, LLC, a Delaware limited liability company;
2. Nocona Nursing Home, LLC, a Delaware limited liability company; and
3. Seven Oaks Nursing Home, LLC, a Delaware limited liability company.

I have also enclosed Certificates of Good Standing for each of the above-referenced entities issued by the State of Delaware, along with this firm's check in the amount of \$480.00 in payment of the required fees.

Once the applications have been filed, please return to me via Federal Express in the enclosed Federal Express envelope.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Kimberly D. Cheatwood
Legal Assistant

Enclosures

cc: Hal Ball
Robert T. West
Marla S. Wigginton

L:\Ball, Hal\Niceville\Corresp\01 - Ltr to FL Sec of State.doc

**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:*

1. Nocona-Henrietta Health Properties, 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. 48-0971059
(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. 5243 Clark Road, Sarasota, Florida 34233

(Street Address of Principal Office)

6. PMB 158, 5243 Clark Road, Sarasota, Florida 34233

(Mailing Address)

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

Richard Kistler, Manager, 5243 Clark Road, Sarasota, FL 34233

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.)

Hal C. Ball

Typed or printed name of signee

FILED
14 OCT 17 PM 2:25
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:

Nocona-Henrietta Health Properties, 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:

Richard Kistler

(Name)

PMB 158, 5243 Clark Road

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

Sarasota

FL 34233

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)

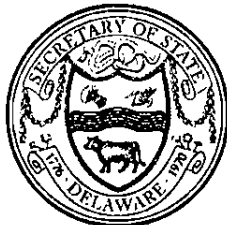
Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOCONA-HENRIETTA HEALTH PROPERTIES, 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 FOURTEENTH DAY OF OCTOBER, A.D. 2014.

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



5617876 8300

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1778136

DATE: 10-14-14