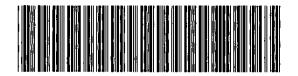
1415000005835

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400274805204

07/23/15--01012--011 **125.00

RECEIVED

15 JUL 23 MIII: 23

IN SIGN OF COST OFFICIALS

BRADENTON CA	RE GROUP, LLC

() Nonprofit	() Amendment	() Merger
()Domestic Corporation		
	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Reinstatement	
(X) LLC	() Annual Report	() Other
Registration		
	() Name Registration	
() Certified Copy	() Fictitious Name	
		() CUS
	() Photocopies	
(x) Walk In		() After 4:30
() Mail Out	() Will Wait	(x) Pick Up
Name		
Availability	7/23/2015	Order#
Document		9635032
Examiner	KM	
Updater		Ref#:
Verifier		
W.P. Verifier		
		Amount: \$

BRADENTON CARE	E GROUP, LLC

f#:
_
ount: \$

COVER LETTER

	istration Section ision of Corporation	5			
SUBJECT:	Bradenton Care Gro	up, LLC			
		Name of Limit	ed Liability Company		
The enclosed Existence, an	"Application by Fore	ign Limited Liability Com I to register the above refe	pany for Authorizatio renced foreign limited	on to Transact Business in Flo Hability company to transact	rida," Certificate of business in Florida
Please return	all correspondence co	oncerning this matter to the	e following:		
	Cheryl Conklin				<u> </u>
	<u> </u>	P	lame of Person		
	Unisearch, Inc.				
			inivCompany		
	1780 Barnes Blv	d SW			
			Address		
	Tumwater, WA !	98512			
			State and Zip Code		
	cheryl.conklin@t				
		E-mail address: (to be use	ed for future annual repo	ort notification)	
For further in	formation concerning	this matter, please call:			
Che	eryl Conklin		at (360)	956-9500	
-	Name o	Contact Person	Area Code	Daytime Telephone Numb	er
	ILING ADDRESS:		ET ADDRESS:		
	ision of Corporations		on of Corporations		
	istration Section Box 6327		ration Section 1 Building		
	ahassee, FL 32314		Executive Center Circl	le	
			assee, FL 32301	•	
	s a check for the f				
2 5	125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing 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:

f name unavailable, enter alternate name adopted for the purpolability Company, ""L.L.C," or "LLC,")	se of tran	sacting business in Florida. The alternate name must include "Limited
Washington	1	47-4366214
(Jurisdiction under the law of which foreign limited liability company is organized)	v.	(FEI number, if applicable)
(Date first transacted bust (See sections 603.0904 & 60	ness in Pl 5.0905, F	orkia, if prior to registration.) .S. to determine penalty liability)
-		
7380 55th Avenue East, Bradenton, FL 34203		
	Address o	f Pzinoipal Offico)
7380 55th Avenue East, Bradenton, PL 34203		
The state of the s	(Mailing	; Address)
The name title or cangaity and address of the		
. The name, title or capacity and address of th		
•	e perso	n(s) who has/have authority to manage is/are:
•	e perso	n(s) who has/have authority to manage is/are:
• •	e perso	n(s) who has/have authority to manage is/are:
7. The name, title or capacity and address of the cody Erwin, Member 5101 NE 82nd Avenue, Suite 200	e perso	n(s) who has/have authority to manage is/are:
Attached is an original certificate of existence aving custody of records in the jurisdiction undeceptable. If the certificate is in a foreign language ust be submitted)	e perso	n(s) who has/have authority to manage is/are:

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 Bradenton care	of the Limited Liability Group, LLC	y Company is:	
If unavailable	e, the alternate to be use	ed in the state of Florida is:	
2. The name	and the Florida street a	address of the registered agent and office are:	<u> </u>
	NRAI Services, Inc.		
		(Name)	
	1200 South Pine Island	Road	
	Florida S	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: Conklik (Signature)

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

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF BRADENTON CARE GROUP, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 6/16/2015.

I FURTHER CERTIFY that as of the date of this certificate, BRADENTON CARE GROUP, LLC remains active and has complied with the filing requirements of this office.

Date: July 21, 2015

UBI: 603-516-261

STATE OF THE STATE

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State



COVER LETTER

	egistration Section ivision of Corporation	s		
SUBJECT	Bradenton Care Gro	oup, LLC		
		Name of Lim	ited Liability Company	
The enclose Existence, a	ed "Application by Fore and check are submitted	eign Limited Liability Co I to register the above ref	impany for Authorization to Trafferenced foreign limited liabilit	ansact Business in Florida," Certificate of ty company to transact business in Florida
Please retu	rn all correspondence c	oncerning this matter to t	he following:	
	Cheryl Conklin			
		- ·	Name of Person	
	Unisearch, Inc.			
			Firm/Company	
	1780 Barnes Blv	d SW		
			Address	
	Tumwater, WA	98512		
•	•	City	y/State and Zip Code	
	cheryl.conklin@i			
		E-mail address: (to be u	ised for future annual report notifi	cation)
For further	information concerning	g this matter, please call:		
С	heryl Conklin		nt (360) 956-9:	500
-		Contact Person	Area Code D	aytime Telephone Number
Di	IAILING ADDRESS: ivision of Corporations	Divi	EET ADDRESS: sion of Corporations	
	egistration Section O. Box 6327		stration Section on Building	
	allahassee, FL 32314	2661	Executive Center Circle shassee, FL 32301	
Enclosed	is a check for the f	ollowing amount:		
	1 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		□ \$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:

f name unavailable, cuter alte lability Company," "L.L.C," (mate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited in "LLC.")
Washington	3, 47-4366214
(Jurisdiction under the law of company is organized)	(FBI number, if applicable)
•	(Date first transacted business in Ployida, if prior to registration.)
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
· 	
7380 55th Avenue East,	Bradenton, FL 34203 (Street Address of Principal Office)
	(Sitest Audiosa di Etitologia Offico)
7380 SSth Avenue Past	Bredenton RL 34203
7380 55th Avenue East,	Bradenton, PL 34203
7380 55th Avenue East,	
7380 55th Avenue East,	Bradenton, FL 34203 (Mailing Address)
7. The name, title or e	
7. The name, title or c	(Mailing Address)
. The name, title or c	(Mailing Address) apacity and address of the person(s) who has/have authority to manage is/are:
. The name, title or c	(Mailing Address) apacity and address of the person(s) who has/have authority to manage is/are:
. The name, title or c	(Mailing Address) apacity and address of the person(s) who has/have authority to manage is/are:
ody Brwin, Member 510	(Mailing Address) Apacity and address of the person(s) who has/have authority to manage is/are: I NE 82nd Avenue, Suite 200 Vancouver, WA 98662
Attached is an origin	(Mailing Address) apacity and address of the person(s) who has/have authority to manage is/are: I NE 82nd Avenue, Suite 200 Vancouver, WA 98662 al certificate of existence, no more than 90 days old, duly authenticated by the official ds in the jurisdiction under the law of which it is organized. (A photocopy is not
Attached is an originaring custody of the certification.	(Mailing Address) apacity and address of the person(s) who has/have authority to manage is/are: I NB 82nd Avenue, Suite 200 Vancouver, WA 98662 al certificate of existence, no more than 90 days old, duly authenticated by the official
Attached is an origin	(Mailing Address) apacity and address of the person(s) who has/have authority to manage is/are: I NE 82nd Avenue, Suite 200 Vancouver, WA 98662 al certificate of existence, no more than 90 days old, duly authenticated by the official ds in the jurisdiction under the law of which it is organized. (A photocopy is not
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1. The name of	of the Limited Liability	y Company is:	
Bradenton care	Group, LLC		
If unavailable,	, the alternate to be use	ed in the state of Florida is:	
2. The name a	and the Florida street a	address of the registered agent and office are:	
	NRAI Services, Inc.		
		(Name)	
	1200 South Pine Island	l Road	
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
	***	City/State/Zip	

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By: NRAI Services, Inc. Corckit.
(Signature)

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

The State of Washington

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Date: July 21, 2015

UBI: 603-516-261

STATE ON ASHIM

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State