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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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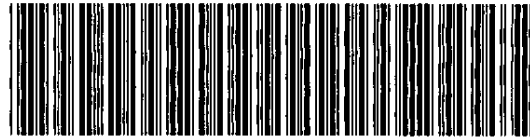
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 27 AM 6:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For LC

JUL 29 2015

R. WHITE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Venice Memory Care, 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:

Diana Maldonado
Name of Person

The LaSalle Group
Firm/Company

545 E John Carpenter Freeway, Suite 500
Address

Irving, TX 75062
City/State and Zip Code

dmaldonado@lasallegroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Maldonado at (214) 845-4500
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 **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:

THE LASALLE GROUP

July 21, 2015

Florida Department of State
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301
Attn: Registration Section, Division of Corporations

Re: Venice Memory Care, LLC – Application for Foreign LLC to Transact Business in Florida

Dear Sir or Madam:

I have enclosed the following on behalf of Venice Memory Care, LLC:

- Completed cover letter;
- Completed and signed application;
- Delaware good standing certificate; and
- Check no. 9474 in the amount of \$125.00 representing payment of fees.

If you have any questions or require additional information, please feel free to contact me at (214) 845-4403 or via email at dmaldonado@lasallegroup.com. Thank you in advance for your assistance in this matter.

Sincerely,



Diana Maldonado
Senior Paralegal
The LaSalle Group, Inc.

Enclosures

FILED

15 JUL 27 AM 6:34

TALLAHASSEE, FLORIDA

1. Venice Memory Care, 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. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon filing of this registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 545 E John Carpenter Freeway, Suite 500
Irving, TX 75062
(Street Address of Principal Office)

6. 545 E John Carpenter Freeway, Suite 500
Irving, TX 75062
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays St.

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kaci D. Rangel asst. secretary
(Registered agent's signature)

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

LaSalle Venice Management, LLC - Managing Member
545 E John Carpenter Freeway, Suite 500
Irving, TX 75062

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
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.)

David S. Starr, VP and General Counsel of

Typed or printed name of signee

The LaSalle Group, Inc., Sole member
of LaSalle Venice Management, LLC,
Manager of Venice Memory Care, LLC

Delaware

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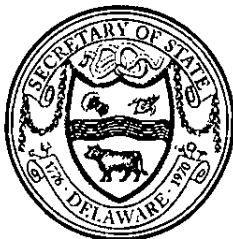
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VENICE MEMORY CARE, 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 JUNE, A.D. 2015.

5767986 8300

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2509568

DATE: 06-29-15