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K.SALY EXAMINER SEP 3 0 2015 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 804720 4727100

AUTHORIZATION :

COST LIMIT : \$ \\ 55.00

ORDER DATE: September 29, 2015

ORDER TIME : 3:02 PM

ORDER NO. : 804720-005

CUSTOMER NO: 4727100

FOREIGN FILINGS

NAME: OASIS SENIOR ADVISORS FRANCHISE SYSTEMS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

то:

Registration Section

Divisi	on of Corporatio	ns					
SUBJECT: _	asis Senior Advis	ors Franchise Systems, LLC					
Name of Limited Liability Company							
The enclosed "A Existence, and	Application by For check are submitte	reign Limited Liability Comp ed to register the above refer	oany for Authoriza enced foreign limi	ation to Tra ted liability	ansact Business in Florida, y company to transact busi	" Certificate of ness in Florida	
Please return al	l correspondence	concerning this matter to the	following:				
	Kathlyn M. La	ndicho					
	Name of Person						
Offit Kurman, P.A.							
	Firm/Company						
	8171 Maple Lawn Blvd., Suite 200						
Address							
	Fulton. MD 20759						
		City/S	tate and Zip Code			=	
	Tim@oasissenio	radvisors.com					
		E-mail address: (to be used	for future annua	report not	tification)	-	
For further info	rmation concernin	g this matter, please call:					
Kathly	m M. Landicho		301 at (575-03	03	_	
	Name c	of Contact Person	Area Code	Day	time Telephone Number		
Divisio Regista P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section uilding ceutive Center Circle see, FL 32301		
	eck for the follow 5.00 Filing Fee	ring amount: \$\Boxed{\Omega} \text{\$130.00 Filing Fee & Certificate of Status}\$	■ \$155.00 Filin Certified Copy	_	☐ \$160.00 Filing Fee, Cof Status & Certified Co		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Franchise Systems, LLC eign Limited Liability Compa	any; must include "Limited l	Liability Company," "L.L.C.," or	"LLC.")
(If name upayailable enter a	Itamorta nome adopted for the	numara of transacting busi	ness in Florida. The alternate nam	ne must include "Limited
Liability Company," "L.L.C.		purpose of transacting busi	ness in Florida. The alternate han	ne musi include Diffined
2. Maryland		3.		
(Jurisdiction under the law company is organized)	of which foreign limited liab	ility	(FEI number, if applicable))
4. N/A				-
	(Date first transacted (See sections 605.0904	business in Florida, if prio & 605.0905, F.S. to determ	r to registration.) nine penalty liability)	
5. 24870 Burnt Pine Driv				na.
Bonita Springs, FL 34				MISSEP 29
		ress of Principal Office)		The ss T
6. 24870 Burnt Pine Drive	e			工程 号二
Bonita Springs, FL 34	134			29
1 0,		Mailing Address)		
7. Name and street address	ss of Florida registered age	ent: (P.O. Box, NOT acc	entable)	SEE. FLO
	Timothy D. Evankovich	•	opation)	무도 구
Name:				5
Office Address:	16811 Cabreo Drive			
	Naples		, Florida <u>34110</u>	
	((City)	(Zip code)	-
designated in this applica	egistered agent and to acc tion, I hereby accept the c ons of all statutes relative	appointment as registered to the proper and compi	the above stated limited liable dagent and agree to act in the lete performance of my duties	is capacity. I further agree
		Registered agent's signatu	rc)	
8. The name, title or capa	acity and address of the pe	rson(s) who has/have aut	hority to manage is/are:	
Timothy D. Evankovich,	Manager, 24870 Burnt Pir	ne Drive, Bonita Springs.	FL 34134	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. () ubmitted)	n 90 days old, duly auther If the certificate is in a fo	nticated by the official having reign language. a translation o	custody of records in the f the certificate under oath
This document is executed submitted in a document to	d in accordance with section the Department of State of	on 605.0203 (1) (b), Florid constitutes a third degree	da Statutes. I am aware that an felony as provided for in s.817	y false information 1.155, F.S.
	Timothy D. Evankovich	Manager		

Typed or printed name of signee

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT OASIS SENIOR ADVISORS FRANCHISE SYSTEMS, LLC, REGISTERED SEPTEMBER 30, 2013, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 29, 2015.

Paul B. Anderson Charter Division 2015 SEP 29 AM 8: 42
SECRETARY OF STATE



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1340 / Outside Balto, Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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