M50009477

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MY
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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10/26/15--01019--017 **125.00

FILED

15 OCT 26 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE FLORING.

DEC 03 2015

S. YOUNG



RECEIVED 15 DEC -3 PH 1: 28 PET ARY OF STATE FI ODIDA FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 28, 2015

TRENT WATKINS 1740 SE 18TH STREET STE 902 OCALA, FL 34471

SUBJECT: CONCORDIS SENIOR LIVING DELAWARE, LLC

Ref. Number: W15000071480

We have received your document for CONCORDIS SENIOR LIVING DELAWARE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 515A00022851

COVER LETTER

TO: Registration Section

un en con	Concordis Senior L	iving, LLC						
BJECT:	Name of Limited Liability Company							
		reign Limited Liability Comp ed to register the above refer						
ase return	all correspondence	concerning this matter to the	following:					
	Trent Watkins							
		N	ame of Person					
	Concordis Sen	ior Living, LLC				15 SEC		
		Firm/Company					77	
	1740 SE 18th	Street, Suite 902				26 ASSE		
			Address			TS P	Ö	
	Ocala, FL 344	71						
	_ · · · · · · · · · · · · · · · · · · ·	City/S	tate and Zip Code			3-1	1	
	Trent.Watkins@	ConcordisSeniorLiving.com	,					
	 	E-mail address: (to be use	d for future annua	l report no	tification)			
r further in	nformation concerning	g this matter, please call:						
Тге	nt Watkins	·	352 at (387-18	330 XIIZ			
	Name o	of Contact Person	Area Code	Day	ytime Telephone	Number		
Div Reg P.O	ILING ADDRESS: ision of Corporation: istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations tion Section Building ecutive Center C see, FL 32301			
	check for the follow 125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		□ \$160.00 Fi of Status & C		ificate	

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:

/If nama unavailable anter of	Delaware, LLC	insacting business in Florida. The alternate na	ma must include "Limited
Liability Company," "L.L.C,"		nsacting business in Florida. The alternate na.	me must merude Bilined
2. Delaware	3.	46-2580206	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	
4. October 1, 2015			
	(Date first transacted business in F (See sections 605.0904 & 605.0905,	lorida, if prior to registration.) F.S. to determine penalty liability)	
51740 SE 18th Street, S			
Ocala, FL 34471			- ⊒≈ ज
4540 ST 404 S	(Street Address of Princip.	al Office)	
6. 1740 SE 18th Street, St	ite 902		
Ocala, FL 34471			26 28 28
	(Mailing Addres	s)	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	Kristen Slattery		7 59 7 7 59
Office Address:	1740 SE 18th Street, Suite 902		
	Ocala	, Florida 34471	
Registered agent's accep	(City)	(Zip code)	
designated in this applica	tion, I hereby accept the appointment ons of all statutes relative to the prope	process for the above stated limited liab as registered agent and agree to act in th and complete performance of my dutie	is capacity. I further agree
	Lity Hoteley	ent's signature)	_
accept the obligations of t	Lity Hoteley		_
accept the obligations of t	(Registered ag		_
accept the obligations of the second	(Registered ag		-
accept the obligations of the second	(Registered ag		-
8. The name, title or capa Trent Watkins - Manager 9. Attached is a certificate	of existence, no more than 90 days old of which it is organized. (If the certifical libmitted)		custody of records in the of the certificate under oath

Typed or printed name of signee

R. Trent Watkins

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "CONCORDIS 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE OF STATE OF STATE

Authentication: 10469191

Date: 11-21-15

5310775 8300 SR# 20150955100

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "CONCORDIS SENIOR LIVING, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-EIGHTH DAY OF

A.D. 2013, AT 9:26 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

a constant of the constant of

Authentication: 10469190

Date: 11-21-15

5310775 8315 SR# 20150955100

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

State Of Delaware

Entity Details

10/22/2015 2:35:07PM

File Number: 5310775

Incorporation Date / Formation Date: 3/28/2013

Entity Name: CONCORDIS SENIOR LIVING, LLC

Entity Kind: Limited Liability Company

Residency: Domestic

Status: Cease Good Standing

Entity Type: General

State: DELAWARE

Status Date: 6/1/2015

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 2711 CENTERVILLE RD

City: WILMINGTON

State: DE

Phone: 302-636-5401

Country:

Postal Code: 19808

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Perso	n	
of Concordis Senior Living, LLC	5 SEC	
(Name of Limited Liability Company)		Т
a limited liability company duly organized and existing under the law	26	F
Delouare		
(State or Country of Organization)	- ω	
Because the name of this foreign limited liability company does not s	resty us	
requirements of the s. 605.0112, F.S., the limited liability company he	reby adopt	ts the
following name to transact business in the state of Florida:		
Concordis Seniar Living Delaware, LLC		
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limite Company, L.L.C., or LLC.)	d Liability	
	5/15	
Signature Authorized Person	Date	