

DEC-31-2015 1:30PM
Division of Corporations

ADAMS AND REESE

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Florida Department of State
Division of Corporations
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From: Account Name : ADAMS AND REESE LLP
Account Number : 076077001601
Phone : (727) 502-8230
Fax Number : (727) 502-8943

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TALLAHASSEE, FLORIDA

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Email Address: cturner@lifewellsl.com

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Foreign Limited Liability Company
Lifewell Senior Living, LLC

Certificate of Status	0
Certified Copy	0
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S. YOUNG

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**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. Lifewell Senior Living, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. TX

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FBI 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. 675 Bering Drive, Suite 550

Houston, TX 77057

(Street Address of Principal Office)

6. 675 Bering Drive, Suite 550

Houston, TX 77057

(Mailing Address)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

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 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.

Angel Nunez

Assistant 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:

Charles Turner, Dean Mattsson, John P. Thompson

Manager

675 Bering Drive, Suite 550, Houston, TX 77057

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 of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Charles Turner

Typed or printed name of signer

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ADAMS AND REESE

NO. 842 P. 3/3

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

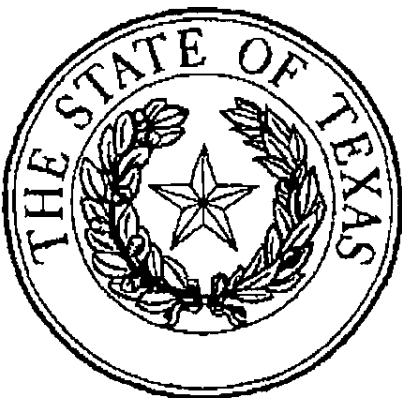
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Lifewell Senior Living, LLC (file number 802343667), a Domestic Limited Liability Company (LLC), was filed in this office on December 04, 2015.

It is further certified that the entity status in Texas is in existence.

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15 DEC 31 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 22, 2015.



Carlos H. Cascos

Carlos H. Cascos
Secretary of State