

MI6000010413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

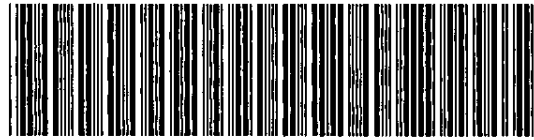
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

MI6-85037

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 DEC 27 P 1:58

FILED

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MI6-85037



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2016

JULIE BEDNAR  
545 E. JOHN CARPENTER FREEWAY, SUITE 500  
IRVING, TX 75062

SUBJECT: NAPLES MEMORY CARE, LLC  
Ref. Number: W16000085037

We have received your document for NAPLES MEMORY CARE, 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.

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.

Tanisha L Washington  
Regulatory Specialist II

Letter Number: 916A00027107

# THE LASALLE GROUP<sup>®</sup>

December 19, 2016

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

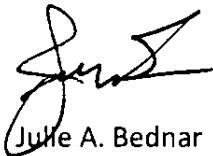
Re: Application by Foreign LLC for Authorization to Transact Business in Florida

Dear Sir/Madam:

I have enclosed an original Application by Foreign LLC for Authorization to Transact Business in Florida for recording by your office, along with a check in the amount of \$125.00 representing payment of fees. Please return a file-stamped copy to us using the enclosed envelope.

If you have any questions or require additional information, please contact me at 214-845-4403 or via email at [jbednar@lasallegroup.com](mailto:jbednar@lasallegroup.com). Thank you for your assistance.

Sincerely,



Julie A. Bednar  
Paralegal  
The LaSalle Group, Inc.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Naples 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:

Julie Bednar

\_\_\_\_\_  
Name of Person

The LaSalle Group, Inc.

\_\_\_\_\_  
Firm/Company

545 E. John Carpenter Freeway, Suite 500

\_\_\_\_\_  
Address

Irving, TX 75062

\_\_\_\_\_  
City/State and Zip Code

jbednar@lasallegroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Bednar

214  
at ( )

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:

1. Naples 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. Same as above  
(Mailing Address)

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
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 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.

Holly Jones **Holly Jones**  
(Registered agent's signature) **Assistant Vice President**

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

LaSalle Naples 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)

Stacie D. Herlihy  
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.

Stacie D. Herlihy, Associate General Counsel & Asst. Secretary  
Typed or printed name of signee

FILED  
2015 DEC 27 P 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "NAPLES 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-SEVENTH DAY OF DECEMBER, A.D. 2016.



6251934 8300

SR# 20167268638

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203591611

Date: 12-27-16