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(Business Entity Name)						
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FILE 2ND

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED QUALIFICATION FOR:

FLORIDA SENIOR LIVING, LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CK# 8015

FOR \$155.00 (\$130.00 for this filing)

THANK YOU!

COVER LETTER

Dh	ision of Corporation	5							
SUBJECT:	FLORIDA SENIOR	LIVING, LLC							
		Name of Limited Liability Company							
The enclosed Existence, as	d "Application by Fon nd check are submitted	eign Limited Liability Comp d to register the above refere	any for Authorizat nced foreign limite	ion to Tra ed liability	nsact Business in Florida," (company to transact busine	Certificate of ss in Florida.			
Please return	n all correspondence c	oncerning this matter to the	following:						
	MARGARET (CARR							
	 	Name of Person							
	BAKER DONELSON								
	Firm/Company								
	165 MADISON AVE, STE. 2000								
	Address								
	MEMPHIS TN 38103								
	City/State and Zlp Code								
	MCARR@BAK	ERDONELSON.COM							
-		E-mail address: (to be used	for future annual	report not	ification)				
For further i	nformation concerning	g this matter, please call:							
· м.	ARGARET CARR		901 al (577-21	57				
_	Name o	f Contact Person	Area Code	Day	time 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						
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsize \text{\$\frac{1}{2}\$ \$130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cor of Status & Certified Copy				

TO: Registration Section

APPÉTICATION BY FOREIGN LIMITER LEARBEITTA COMPANY FOR AUTHORIZATION TO TRANSACT BE SINESS EN FLORIDA

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COMPANIONAL PROPERTY	0.57315933 CHE 20 (CO 9.20 CO 990)		
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J.,	of his such prins had become a material on the price to the contract of the state of the contract of the state of the stat	regionalis kaj maj paralis lian lito i	
g 114 Stuart Road NF. Tomavies Cleveland, Ph. 3733 2	1 56. 10 68. 10	o _c Same as Principal ் ல்	Address
	cs/ of Horida registered agent (P.O. Box Corporate Creations Network Inc.	NOT acceptable)	18 SE
Name			10 E
Onlie Maess	11380 Prosperity Farms Road #221E		
	Palm Beach Gardens		410
designated in this applic to comply with the provi	optonee; registered agent and to accept service of p ation. I hereby accept the appointment a isions of all statutes relative to the proper ms of my position as registered agent.	v registered a <u>went</u> and agre	e to act in this capacity. I further ogree -
	By Danielle Gossman, Special Secretary	91. 1.004	
S. The name, fitle or car Little or Capacity:	pacity and address of the personna who ha <u>Name and Address:</u>	rchave authority to manage <u>Title or Capacity:</u>	es are: <u>Supir and Address:</u>
President	Christin I. Rose		
•	113 Sumit Road NF, #308 Cleveland, US 37312		
Secretary	ice Hey Land		
	114 Stuart Road St. 1998 Cleveland, LN 3 3317	~	
of so attachments if occu-	essny)		
9. Attached is a certifical	te of existence, no more than 90 days old,	duly authenticated by the of	ficial having costody of records in the

parisdiction under the law of which ares organized. (I) the certificate is in a forcien familiace, a translation of the certificate under eath of the translator must be subjusted).

10. This document is executed in hex of this exerting characteristics (1) (b). House Statute. This have that we full endormation admitted in a document to the Definition of State of subjects a third degree televisias provided for in § 817.45 %, U.S. Spiritaged standards as an admitted in a second control of State of

Christin J. Rose, President

347 tensor 18, 2018



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

AUDREY M. GIGLIO

STE. 800

211 COMMERCE ST.

NASHVILLE, TN 37201

Request Type: Certificate of Existence/Authorization

Request #:

0289715

Issuance Date: 09/18/2018

Copies Requested:

September 18, 2018

Document Receipt

Receipt #: 004292462

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3739969935

\$20.00

Regarding:

Florida Senior Living, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 09/18/2018

Status:

Active

Duration Term:

Perpetual

Business County: BRADLEY COUNTY

Control #:

985563

Date Formed:

09/18/2018

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Florida Senior Living, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 029590932