

MA00000002379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

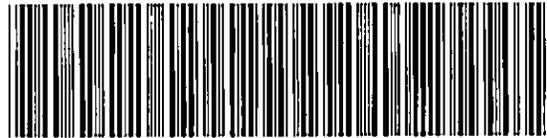
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAR -2 A 10:49

FILED

20 MAR 2020

HAR 0 2020

T. LEMBOUX

12:15

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 3/2/2020

**PRIORITY** Expedite

**OUR REF # (Order ID#)** 811524

**ORDER ENTITY**

ATRIUM HEALTH ASSISTED LIVING LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**ATRIUM HEALTH ASSISTED LIVING LLC (FL)**

File the attached foreign qualification document and provide a certified copy as evidence.

**NOTES:**

\$155.00. Authorized

Email address for annual report reminders: [ksisler@sundocfilings.com](mailto:ksisler@sundocfilings.com)

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. Atrium Health Assisted Living 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI 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. 9960 Atrium Way  
(Street Address of Principal Office)

6. 107 W Lemon Ave.  
(Mailing Address)

Jacksonville, FL 32225

Monrovia, CA 91016

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

Name: Rosie Andrade

Office Address: 9960 Atrium Way

Jacksonville, Florida 32225  
(City) (Zip code)

FILED  
2020 MAR -2 A 13 49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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.

\_\_\_\_\_  
(Registered agent's signature)

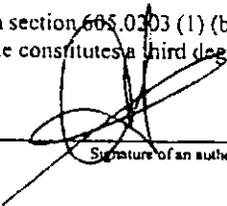
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             |
|---|--------------------------------------|--|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Atrium Holdings B LLC</u>   | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>9960 Atrium Way</u>      | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | <u>Jacksonville, FL 32225</u>        | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                          | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                       | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | _____                                | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                          | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                       | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | _____                                | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. This document is executed in accordance with section 605.0303 (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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Crystal Solorzano  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATRIUM HEALTH ASSISTED 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 TWENTIETH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATRIUM HEALTH ASSISTED LIVING LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2019.

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



7762368 8300

SR# 20198785654

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", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204271365

Date: 12-20-19