

M20000007018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

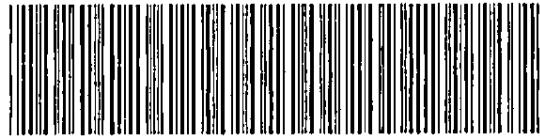
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200349925272

RECEIVED
2020 AUG 13 PM 2:02
STATE

YS
8/14/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 384440 4720460

AUTHORIZATION : *Lyndell Coleman*

COST LIMIT : \$125.00

ORDER DATE : August 12, 2020

ORDER TIME : 12:04 PM

ORDER NO. : 384440-005

CUSTOMER NO: 4720460

FOREIGN FILINGS

NAME: LAVIE CARE CENTERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LaVie Care Centers, 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:

Charlene G. Johnson

Name of Person

Consulate Health Care

Firm/Company

1040 Crown Pointe Pkwy., Ste. 600

Address

Atlanta, GA 30338

City/State and Zip Code

TL.Brown@consulatehc.com

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

For further information concerning this matter, please call:

Charlene G. Johnson

Name of Contact Person

at (770)

Area Code

730-1166

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. LaVie Care Centers, 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. 45-3515592
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 800 Concourse Parkway South
(Street Address of Principal Office)

6. 1040 Crown Pointe Parkway
(Mailing Address)

Suite 600

Maitland, FL 32751

Atlanta, GA 30338

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

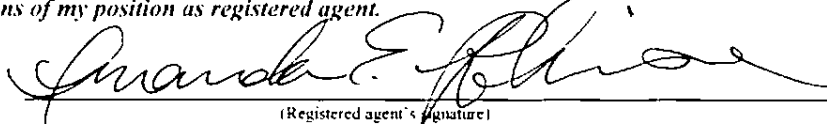
Name: CORPORATION SERVICE COMPANY

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.


(Registered agent's signature)

Amanda Robinson
Asst. Vice President

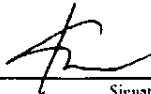
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Christopher R. Bryson	<input type="checkbox"/> Manager	Name: Gregory L. Hayes
<input type="checkbox"/> Member	Address: 800 Concourse Parkway South	<input type="checkbox"/> Member	Address: 1040 Crown Pointe Parkway
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	Suite 600
Person	Maitland, FL 32751	Person	Atlanta, GA 30338
<input type="checkbox"/> Other CEO	<input type="checkbox"/> Other	<input type="checkbox"/> Other CFO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Daniel E. Dias	<input type="checkbox"/> Manager	Name: Kenneth Ussery
<input type="checkbox"/> Member	Address: 800 Concourse Parkway South	<input type="checkbox"/> Member	Address: 800 Concourse Parkway South
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person	Maitland, FL 32751	Person	Maitland, FL 32751
<input type="checkbox"/> Other CCC	<input type="checkbox"/> Other	<input type="checkbox"/> Other VP, T	<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		<input type="checkbox"/> Authorized	
Person		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 605.0203 (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.



Signature of an authorized person

Kenneth Ussery

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAVIE CARE CENTERS, 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 TWELFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAVIE CARE CENTERS, LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2011.

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



5035490 8300

SR# 20206711120

You may verify this certificate online at 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: 203456139

Date: 08-12-20