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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FL

Handwritten signature and date: 7/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LCS Sterling Aventura Tenant 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:

Alysun M. Bulver  
Name of Person

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Life Care Services  
Firm/Company

---

400 Locust Street, Suite 820  
Address

---

Des Moines, IA 50309  
City/State and Zip Code

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BulverAlysun@lcsnet.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Alysun M. Bulver at ( 515 ) 875-4500  
Name of Contact Person Area Code 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. LCS Sterling Aventura Tenant 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. Iowa
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1581607
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration.)
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

5. 400 Locust Street
(Suite Address of Principal Office)
Suite 820
Des Moines, IA 50309

6. 400 Locust Street
(Mailing Address)
Suite 820
Des Moines, IA 50309

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

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.

Kim Peters on behalf of Cogency Global Inc
(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:	Joel D. Nelson	<input checked="" type="checkbox"/>	Manager	Name:	Diane C. Bridgewater
<input type="checkbox"/>	Member	Address:	400 Locust Street	<input type="checkbox"/>	Member	Address:	400 Locust Street
<input type="checkbox"/>	Authorized	Suite 820		<input type="checkbox"/>	Authorized	Suite 820	
	Person	Des Moines, IA 50309			Person	Des Moines, IA 50309	
<input type="checkbox"/>	Other			<input type="checkbox"/>	Other		
<input checked="" type="checkbox"/>	Manager	Name:	Jason Victor	<input checked="" type="checkbox"/>	Manager	Name:	Chris Bird
<input type="checkbox"/>	Member	Address:	400 Locust Street	<input type="checkbox"/>	Member	Address:	400 Locust Street
<input type="checkbox"/>	Authorized	Suite 820		<input type="checkbox"/>	Authorized	Suite 820	
	Person	Des Moines, IA 50309			Person	Des Moines, IA 50309	
<input type="checkbox"/>	Other			<input type="checkbox"/>	Other		
<input checked="" type="checkbox"/>	Manager	Name:	GeLynna Shaw	<input type="checkbox"/>	Manager	Name:	
<input type="checkbox"/>	Member	Address:	400 Locust Street	<input type="checkbox"/>	Member	Address:	
<input type="checkbox"/>	Authorized	Suite 820		<input type="checkbox"/>	Authorized		
	Person	Des Moines, IA 50309			Person		
<input type="checkbox"/>	Other			<input type="checkbox"/>	Other		

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**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.

*Alysun M. Bulver*  
 Signature of an authorized person

Alysun M. Bulver  
 Typed or printed name of signee

IOWA SECRETARY OF STATE  
PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 7/13/2021

Name: LCS STERLING AVENTURA TENANT LLC (489DLC - 677603)

Date of Incorporation: 7/1/2021

Duration: PERPETUAL.

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

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Certificate ID: **CS224885**  
To validate certificates visit:  
[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)

*Paul D. Pate*  
Paul D. Pate, Iowa Secretary of State