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(Requestor's Name)

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(City/State/Zip/Phone #)

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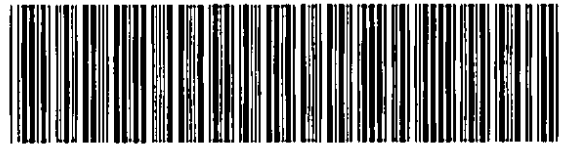
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

YS
7/25/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCS Sterling Aventura 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

Life Care Services

Firm/Company

400 Locust Street, Suite 820

Address

Des Moines, IA 50309

City/State and Zip Code

BulverAlysun@lcsnet.com

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

For further information concerning this matter, please call:

Alysun M. Bulver

515

875-4500

Name of Contact Person

at ()

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

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TALLAHASSEE FL

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 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 3. 87-1500860
(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. 400 Locust Street 6. 400 Locust Street
(Street Address of Principal Office) (Mailing Address)

Suite 820 Suite 820

Des Moines, IA 50309 Des Moines, IA 50309

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]:

Title or Capacity: **Name and Address:**
☒ Manager Name: Joel D. Nelson
☐ Member Address: 400 Locust Street
☐ Authorized Suite 820
Person Des Moines, IA 50309
☐ Other ☐ Other

☒ Manager Name: Jason Victor
☐ Member Address: 400 Locust Street
☐ Authorized Suite 820
Person Des Moines, IA 50309
☐ Other ☐ Other

☒ Manager Name: GeLynna Shaw
☐ Member Address: 400 Locust Street
☐ Authorized Suite 820
Person Des Moines, IA 50309
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Diane C. Bridgewater
☐ Member Address: 400 Locust Street
☐ Authorized Suite 820
Person Des Moines, IA 50309
☐ Other ☐ Other

☒ Manager Name: Chris Bird
☐ Member Address: 400 Locust Street
☐ Authorized Suite 820
Person Des Moines, IA 50309
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ 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.

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 LLC (489DLC - 677602)

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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TALLAHASSEE, FL.

Certificate ID: **CS224884**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State