

W22000000 96/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

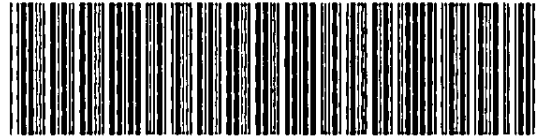
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2022 JUN 17 PM 7:17

S. FRANKLIN  
JUN 20 2022

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Vita Senior Living Investments, 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:

Scott McCorvie

\_\_\_\_\_  
Name of Person

Vita Senior Living

\_\_\_\_\_  
Firm/Company

290 North Olive Avenue, Ste 718

\_\_\_\_\_  
Address

West Palm Beach, FL 33401

\_\_\_\_\_  
City/State and Zip Code

scott@vitaseniorliving.com

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

For further information concerning this matter, please call:

Scott McCorvie

407

284-9996

at ( )

\_\_\_\_\_  
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

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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. Vita Senior Living Investments, 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. 88-0591739  
(FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 290 North Olive Ave, Ste 718  
(Street Address of Principal Office)

6. 290 North Olive Ave, Ste 718  
(Mailing Address)

West Palm Beach, FL 33401

West Palm Beach, FL 33401

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


Name: Scott McCorvie

Office Address: 7605 Ridgewood Avenue, Unit 3

Cape Canaveral 32920  
(City) , Florida (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)

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:
<input checked="" type="checkbox"/> Manager	Name: <u>Scott McCorvie</u>
<input type="checkbox"/> Member	Address: <u>290 N Olive Ave, #718</u>
<input type="checkbox"/> Authorized	<u>West Palm Beach, FL 33401</u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>N/A</u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>N/A</u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Title or Capacity:	Name and Address:
<input type="checkbox"/> Manager	Name: <u>N/A</u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

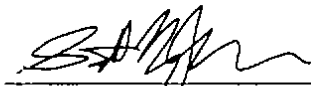
<input type="checkbox"/> Manager	Name: <u>N/A</u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<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

Scott McCorvie  
\_\_\_\_\_  
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 "VITA SENIOR LIVING INVESTMENTS 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 THIRTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VITA SENIOR LIVING INVESTMENTS LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2021.

2022 JUN 17 PM 7:17



  
Jeffrey W. Bullock, Secretary of State

6319054 8300

SR# 20222637412

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203656150

Date: 06-13-22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2022

SCOTT MCCORVIE  
290 NORTH OLIVE AVENUE STE 718  
WEST PALM BCH, FL 33401 US

SUBJECT: VITA SENIOR LIVING INVESTMENTS, LLC  
Ref. Number: W22000047553

We have received your document for VITA SENIOR LIVING INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 622A00008300