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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

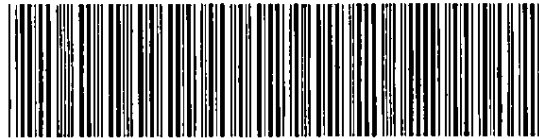
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APPROVED
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2023 JAN 24 PM 1:39

1:22

JAN 25 2023

K. Brumby

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

ACCOUNT NO. : I20000000195

REFERENCE : 389933 7821636

AUTHORIZATION : 

COST LIMIT : \$ 125.0

ORDER DATE : January 23, 2023

ORDER TIME : 1:55 PM

ORDER NO. : 389933-025

CUSTOMER NO: 7821636

FOREIGN FILINGS

NAME: ACTS RETIREMENT- LIFE
COMMUNITITES MANAGEMENT, 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: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACTS Retirement-Life Communities Management, 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:

Glenn D. Fox

Name of Person

ACTS Retirement-Life Communities Management, LLC

Firm/Company

420 Delaware Drive, P.O. Box 2222

Address

Fort Washington, PA 19034

City/State and Zip Code

gfox@actslife.org

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

For further information concerning this matter, please call:

Glenn Fox at (215) 787-4138

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. ACTS Retirement-Life Communities Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ARLCM, 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. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-1611678

(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. 420 Delaware Drive

(Street Address of Principal Office)

Fort Washington, PA 19034

6. 420 Delaware Drive

(Mailing Address)

P.O. Box 2222

Fort Washington, PA 19034

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.

Corporation Service Company

By: _____

(Registered agent's signature)

Eylina Bahar

Assistant Vice President

2023 JAN 24 PM 1:39
FILED
AND
RECEIVED

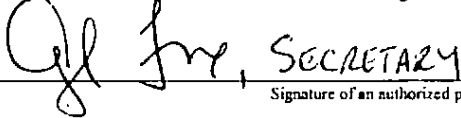
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Gerald Grant</u>	<input type="checkbox"/> Manager	Name: <u>Karen Christiansen</u>
<input type="checkbox"/> Member	Address: <u>420 Delaware Drive</u>	<input type="checkbox"/> Member	Address: <u>420 Delaware Drive</u>
<input type="checkbox"/> Authorized	<u>P.O. Box 2222</u>	<input type="checkbox"/> Authorized	<u>P.O. Box 2222</u>
Person	<u>Fort Washington, PA 19034</u>	Person	<u>Fort Washington, PA 19034</u>
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Glenn Fox</u>	 <input type="checkbox"/> Manager	Name: <u>Susan Ahern</u>
<input type="checkbox"/> Member	Address: <u>420 Delaware Drive</u>	<input type="checkbox"/> Member	Address: <u>420 Delaware Drive</u>
<input type="checkbox"/> Authorized	<u>P.O. Box 2222</u>	<input type="checkbox"/> Authorized	<u>P.O. Box 2222</u>
Person	<u>Fort Washington, PA 19034</u>	Person	<u>Fort Washington, PA 19034</u>
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Peggy Valdivia</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Dr. John Esterhai</u>
<input type="checkbox"/> Member	Address: <u>420 Delaware Drive</u>	<input type="checkbox"/> Member	Address: <u>420 Delaware Drive</u>
<input type="checkbox"/> Authorized	<u>P.O. Box 2222</u>	<input type="checkbox"/> Authorized	<u>P.O. Box 2222</u>
Person	<u>Fort Washington, PA 19034</u>	Person	<u>Fort Washington, PA 19034</u>
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Board Chair</u>	<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

Glenn Fox

Typed or printed name of signee

ACTS RETIREMENT-LIFE COMMUNITIES MANAGEMENT, LLC

Board of Managers

Dr. John Esterhai, Chair

Thomas Dunn

Gerald Grant

Daniel Lawson

Marvin Mashner

Officers

Gerald Grant, Chief Executive Officer

Karen Christiansen, President and Assistant Secretary

Glenn Fox, Secretary

Susan Ahern, Treasurer

Peggy Valdivia, Assistant Treasurer

Business Address

420 Delaware Drive

P.O. Box 2222

Fort Washington, PA 19034

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: ACTS Retirement-Life Communities Management, LLC
Request Type: Subsistence Certificate **Issuance Date:** January 24, 2023
Request No.: 008510010 **File No.:** 0003580357
Receipt No.: 000344862
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: December 14, 2022
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

ACTS Retirement-Life Communities Management, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt

Acting Secretary of the Commonwealth