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BENNETT & DORRESTEIN, L.L.P.

ATTORNEYS AT LAW

3017 SOUTH CHURCH STREET

BURLINGTON, NORTH CAROLINA 27215

JOHN R. BENNETT\*  
RONALD DORRESTEIN\*  
J. RAY DEAL  
MICHAEL J. VOS

\*MASTER OF LAWS IN TAXATION

VIA: UPS NEXT DAY AIR

August 24, 1998

TELEPHONE  
(336) 584-4448

FACSIMILE  
(336) 584-5656

00789-01115-00524-00671  
Property  
Description

Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

200002624542--1  
-08/25/98--01050--004  
\*\*\*\*285.00 \*\*\*\*285.00

Re: Application by Foreign Limited Liability for Authorization to  
Transact Business in Florida - ROSEMONT RESIDENTIAL CARE, LLC,  
a North Carolina limited liability company

Dear Sir/Madame:

Enclosed are the following:

1. Application by Foreign Limited Liability for Authorization to Transact Business in Florida.
2. Certificate of Designation of Registered Agent/Registered Office.
3. Affidavit of Membership and Contributions of Foreign Limited Liability Company.
4. Certificate of Existence from the Department of the Secretary of State, State of North Carolina.
5. Our firm check in the amount of \$285.00 to cover filing fees for Application and Affidavit and Designation of Registered Agent.

Please issue the appropriate Certificate of Authority to conduct business in the State of Florida.

Thank you.

Sincerely,

BENNETT & DORRESTEIN, L.L.P.

J. Ray Deal

Enclosures

W98-19634

Name	MCH
Availability	MCH
Document Examiner	MCH
Updater	MCH
Updater Verifier	MCH
Acknowledgement	MCH
W. P. Verifier	MCH

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 27, 1998

J. RAY DEAL  
BENNETT & DORRESTEIN, L.L.P.  
3017 SOUTH CHURCH STREET  
BURLINGTON, NC 27215

SUBJECT: ROSEMONT RESIDENTIAL CARE, LLC  
Ref. Number: W98000019634

We have received your document for ROSEMONT RESIDENTIAL CARE, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

Please give a description of any property contributed.,

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 398A00044371

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ROSEMONT RESIDENTIAL CARE, LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. NORTH CAROLINA 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 8/6/98 5. 3-18-2047  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 10/1/98  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 317.155, F.S.))
7. 722 BOWING OAK DRIVE  
BRANDON, FL 33511  
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
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<u>LARRY W. PORTON</u>	<u>MEMBER MANAGER</u>		
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<u>722 BOWING OAK DR</u>			
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<u>BRANDON, FL 33511</u>			
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9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, **ELAINE F. MARSHALL**, *Secretary of State of the State of North Carolina*, do hereby certify that

ROSEMONT RESIDENTIAL CARE, LLC

*is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 6th day of August, 1998, with a period of duration ending MAR 2047.*

I **FURTHER** certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of August, 1998.

*Elaine F. Marshall*

Secretary of State

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ROSEMONT RESIDENTIAL CARE, LLC

2. The name and the Florida street address of the registered agent and office are:

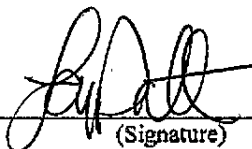
LARRY W. PATTON  
(Name)

722 BONING OAK DRIVE

Florida street address (P.O. Box NOT ACCEPTABLE)

BRANDON, FL 33511  
City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

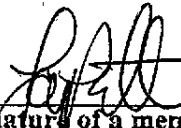
**Filing Fee: \$ 35 for Designation of Registered Agent**

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of ROSEMONT  
RESIDENTIAL CARE, LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 0;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 173,000.00  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 173,000.00  
(This total includes amounts from 2 and 3 above.)

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

LARRY W. PATTON

Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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EXHIBIT A

ALL OF THAT CERTAIN REAL PROPERTY LOCATED AT 722 BOWING OAK DRIVE,  
BRANDON, FL 33511

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