# M98000001235

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ON 15:00 OF COMMING ADDRESS:

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October 22, 1998

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PLEASE REPLY TO: TALLAHASSEE

#### VIA HAND DELIVERY

Florida Department of State Division of Corporations Qualification/Tax Lien Sec. 409 E. Gaines Street Tallahassee, FL 32399

RE: Lake Yale Inc.

Lake Yale Treatment Associates, Inc. Sandpiper Mobile Manor Associates, LLC

Eustia Associates, LLC

500002670525--6 -10/22/98--01084--028 \*\*\*\*346.25 \*\*\*\*346.25

Dear Sir or Madam:

The enclosed Applications, Certificates of Existence and checks are submitted to register the above referenced foreign corporations or limited liability companies, as appropriate, to transact business in Florida.

Please contact me at 521-0890 when the qualifications are complete and ready for

Sincerely,

pick-up.

Name
Availability

Document
Examiner

Updater

Updater

Verifyer

Acknowledgement

Susan E. Avellone, CLA

TARY OF STATE

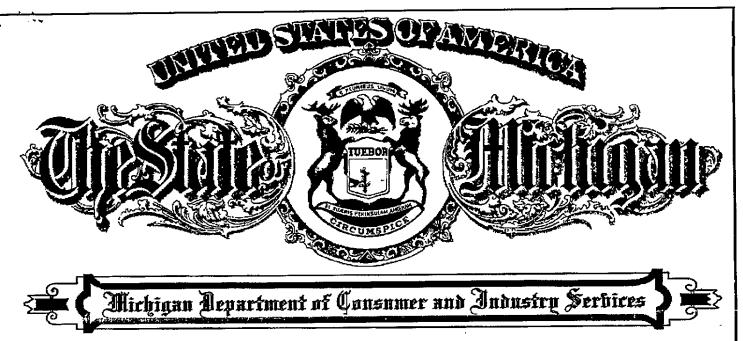
/sa Enclosures

LUTZ, WEBB, BOBO & EASTMAN IS A PART OF LUTZ, WEBB, BOBO, TELFAIR, LUMPKIN & HASKINS, P.A.

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

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

Michiga	ed in the name at present.  an  n under the law of which		nited liability	(FEI number, if appl	icable)	
company is	organized)	toreign m	inted natinty	(TEI hamou, a appa	.cuo.c <sub>j</sub>	
October 13, 1998 (Date of Organization)			<b>.</b> 5	Perpetual (Duration: Year limited liability company will ease to exist or "perpetual")		
Upon q	Date first transacted	i business i	in Florida. (See se	ections 608.501, 608.502, and 817.15.	5, F.S.)	
<u> </u>	8700 W. 10 Mil	<u>e</u>				
So	outhfield, MI	48075		-		
.ist name.	title, and business a	ddress of	each managing	g member[MGRM] or manager	[MGR]who	
vill manag	title, and business age the foreign limited	l liability	each managing company in F	g member[MGRM] or manager lorida: (attach additional page in NAME & ADDRESS:	[MGR]who f necessary)  TITLE:	
vill manag	ge the foreign limited	l liability	company in F	orida: (attach additional page in	f necessary)	
vill manag	ge the foreign limited	i liability	company in F	orida: (attach additional page in	f necessary)	
vill manag	NAME & ADDRES  Peter Beer	d liability S: Mile	company in F	orida: (attach additional page in	f necessary)	
vill manag	NAME & ADDRES  Peter Beer  18700 W. 10	d liability S: Mile	TITLE:  MGRM	orida: (attach additional page in	f necessary)  TITLE:	
will manag	NAME & ADDRES  Peter Beer  18700 W. 10	d liability S: Mile	TITLE:  MGRM	orida: (attach additional page in	f necessary)  TITLE:    SECRE   DIVISION	
will manag	NAME & ADDRES  Peter Beer  18700 W. 10	d liability S: Mile	TITLE:  MGRM	orida: (attach additional page in	f necessary)  TITLE:  8ECRETARY DIVISION OF OC	
will manag	NAME & ADDRES  Peter Beer  18700 W. 10	d liability S: Mile	TITLE:  MGRM	orida: (attach additional page in	f necessary)  TITLE:    SECRE   DIVISION	



Lansing, Michigan

This is to Certify That

EUSTIA ASSOCIATES, L.L.C.

a Michigan limited liability company, filed Articles of Organization in this office on October 13, 1998.

I FURTHER CERTIFY that the Articles are in full force and effect as of this date, and a Certificate of Dissolution has not been filed.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

SECRETARY OF STATE DIVISION OF CCEPORATIONS
98 OCT 22 PM 3: 40



171L 0393416

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of October, 1998.

Julia Croll

, Director

Corporation, Securities and Land Development Bureau

### 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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of	the limited liability company is:		
Eustia A	ssociates, LLC		
2. The name an	d address of the registered agent and office is:		- ·
	David D. Eastman (Name)	- +	
	(ranc)	٠.	멸
	101 South Monroe Street  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	98 OCT 22	SECRETARY VISION OF CO
	Tallahassee, FL 32301	7	200 200
	(City/State/Zip)	PM 3: 40	ATIONS

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.

David Farth 10-22-98
(Signature) (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

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

The undersigned member or authorized representative of a member of						
Eustia Associates, L.L.Cdeposes and says:						
1) the above named limited liability company has at least two members						
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 A description of the property is attached and made a part hereto.	\$0					
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ <u>-0-</u> .					
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$0					

Signature of a member or 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.)

Peter Beer, Managing Member

Filing Fee: \$250.00 for Application and Affidavit

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