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### 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:

_	K98 Senior L.I	<u>, , , , , , , , , , , , , , , , , , , </u>				<u> </u>
(Na con	ame of foreign limited liability mpany" or their abbreviations "	company must end L.L.C." or "L.C." if	l with the word f not so contain	ls "limited liability on ned in the name at p	company" or "limited resent.)	i
	Delaware		3			
	urisdiction under the law of wh mpany is organized)	ich foreign limited	liability	(FEI number, if	applicable)	99 JAN -7
	09/28/98		5. <u>12</u>	/31/2048		1
	(Date of Organizati	on)		Year limited liabilitist or "perpetual")	ty company will	7 PM 1: 19
	January 1, 19	99			- 1015155 705	**
	(Date first transacte	ad business in Florid	da. (See section	ons 608.501, 608.50	2 and 817.155, F.S.)	9
_	501 South For	<u>ırth Avenue</u>	, Suite	140		
	Louisville, F	(Y 40202	-			
_						
T is	ist name title and husiness		ddress of princi		or manager [MGR	81 who
wi	ist name, title, and business ill manage the foreign limit NAME & ADDRESS:	address of each	managing m pany in Flori	ember [MGRM]	or manager [MGF onal page if neces TITLE:	₹] who sary)
wi	ill manage the foreign limit  NAME & ADDRESS:	address of each ted liability comp TITLE:	managing m pany in Flori	ember [MGRM] da: (attach additio	onal page if neces	R] who sary)
wi	ill manage the foreign limit  NAME & ADDRESS:  K Senior SPV Corp  501 South Fourth	address of each ted liability comp  TITLE:  MGRM  Ave, suite	managing m cany in Floric NAME	ember [MGRM] da: (attach additio	onal page if neces	₹] who sary)
wi	ill manage the foreign limit  NAME & ADDRESS:  K Senior SPV Corp	address of each ted liability comp  TITLE:  MGRM  Ave, suite	managing m cany in Floric NAME	ember [MGRM] da: (attach additio	onal page if neces	ध्य who sary)
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wi	NAME & ADDRESS:  K Senior SPV Corp 501 South Fourth Louisville, KY 40  Kapson Senior Our Corp.  125 Froelich Far	address of each red liability composited liability composite to the second seco	managing moany in Florid NAME	ember [MGRM] da: (attach additio	onal page if neces	₹] who sary)

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 hotocopy is not acceptable. If the certificate is in a

foreign language, a translation of the certificate under oath of the translator must be submitted.)

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

The undersigned member or authorized representative of a member of K98° Sen		K98 Senior I	.L.C.
	certifies:		
1) the above named limited liability com	pany has at least one member,		
2) the total amount of cash contributed b	y the member(s) is	ŷ	).00;
3) if any, the agreed value of property of (A description of the property is attack	her than cash contributed by mented and made a part hereto.)	nber(s) is \$\frac{0}{2}	.00
and 4) the total amount of cash and property by member(s) is (This total includes amounts from 2 ar		e contributed 0.	.00
(In accordance with sec affidavit constitutes an stated herein are true.)	her or authorized representation 608,408(3), Florida Statutes, the eaffirmation under the penalties of penjula.  A. MOORG	xecution of this	SECRETARY OF SORPO
T	yped or printed name of signee		ORPORATIONS ON 1: 19

Filing Fee: \$250.00 for Application and Affidavit

## 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:  K98 Senior L.LCC.	· ·
2.	The name and the Florida street address of the registered agent and office are:	
	C T CORPORATION SYSTEM (Name)	DIVISION O
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	FILED S
	Plantation FL 33324 (City/State/Zip)	TATE ATTIONS

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)

Jonathan Giddings

CORPORATION SYSTE

Filing Fee: \$35 for Designation of Registered Agent

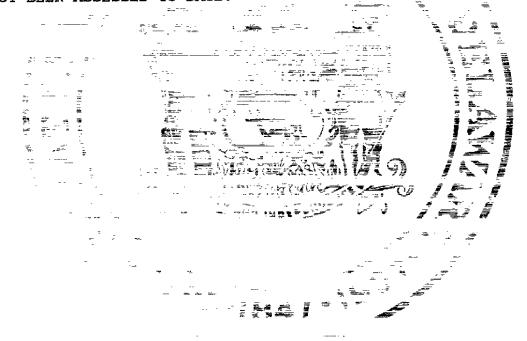
#### $State\ of\ Delaware$

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#### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "K98 SENIOR L.L.C." 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 SIXTH DAY OF JANUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9506584

DATE:

01-06-99

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