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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 2, 1999

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: BAILEY RETIREMENT CENTER, LP

Ref. Number: W99000007996

We have received your document for BAILEY RETIREMENT CENTER, LP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

BEFORE this partnership can be filed, its general partner -- BAILEY RETIREMENT CENTER GP, LLC -- must be qualified in Florida.,

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) 487-6914.

Letter Number: 299A00016898

Buck Kohr Corporate Specialist SECRETARY OF STATIONS
OF APR -6 PM 3: 20

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

| APPLICATION | TRANSACT BU | Siness in Florida | 99 |
|---|--|---|---|
| IN COMPLIANCE WITH SECTION (LIMITED LIABILITY COMPANY TO | con sat ELORIDA STAT | TITES. THE FOLLOWING IS SUBI | AITTED TO REGISTER A.F. |
| company" or their aboreviations | ty company must end " 5 "L.L.C." or "L.C." if no | ith the words "limited liability contained in the name at pres | |
| 2 Delaware (Jurisdiction under the law of company is organized) | which foreign limited li | ability (FEI number, it ap | plicable) |
| 4 February 24, 1999 (Date of Organiz | | Perpetual (Duration: Year limited liability of cease to exist or "perpetual") | company will |
| 6. Upon Qualification (Date first transm | acted business in Florida | a. (See sections 608.501, 608.502 | and 817.155, F.S.) |
| 7. 197 First Avenue Needham, MA 02494 | | | |
| | · | ress of principal office) nanaging member [MGRM] o any in Florida: (attach additi | or manager [MGR] who onal page if necessary) |
| NAME & ADDRESS: | TITLE: | name & address: | TITLE: |
| Andrew D. Gosman | MGR | | |
| 197 First Avenue, | | | - - |
| Needham, MA 02494 | | | = = = = = = = = = = = = = = = = = = = |
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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 hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under onth of the translator must be submitted.)

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.

| FLORIDA. | | . 20 |
|-----------------|---|--------------------|
| 1. The nam | ne of the Limited Liability Company is: | _ |
| | Bailey Retirement Center GP, LLC | |
| 2. The name | me and the Florida street address of the registered agent and office are | . |
| | C T CORPORATION SYSTEM | · |
| | (Namo) | |
| | 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) | _ |
| | Plantation FL 33324 | _ |
| | (City/State/Zip) | |
| liability compa | named as registered agent and to accept service of process for the about any at the place designated in this certificate, I hereby accept the appiete to act in this capacity. I further agree to comply with the provision proper and complete performance of my duties, and I am familiar will my position as registered agent. | ue of all statutes |
| | (Simplify) | |
| | CONNE BRYAN SPECIAL ASSISTANT SECRETARY | |

Filing Fee: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned authorized representative of a member of Bailey Retirement Center, GP. LLC certifies:

1. The above-named limited liability company has at least two members;

2. the total amount of cash contributed by the member(s) is;

3. if any, the agreed value of the property other than cash contributed by member(s) is:

(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:

(This total includes amounts from 2 and 3 above)

By: David B. Currie,

Authorized Representative of a member of BAILEY RETIREMENT CENTER, GP, LLC

By:

Name:

Title:

David B. Currie Vice President

G:ederrico/corporate/forms/fl/affidav

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAILEY RETIREMENT CENTER GP, 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 FIFTH DAY OF APRIL, A.D. 1999.

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

DIVERSOR OF PM 3: 20

Edward I. Freel. S

-9669144

AUTHENTICATION:

04-05-99

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