M99000001572



ACCOUNT NO.

072100000032

REFERENCE

389051

7175089

AUTHORIZATION

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COST LIMIT

______.

ORDER DATE : ORDER TIME :

ORDER NO. :

September 27, 1999

389051-005

10:58 AM

CUSTOMER NO:

- - -

40000300044

CUSTOMER:

Robert J. Sant, Esq

7175089

Robert J. Sant Attorney And

760 Brooks Avenue

Rochester

Rochester, NY 14619-2298

W9-00493

FOREIGN FILINGS

NAME:

COUNTRYSIDE ALF, 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: James Guy

Name
Availability

Document
Examiner

Updater

Uclater
Verifyer

Acknowledgement

W. P. Verifyer

SECRETARY OF STATE DIVISION OF CORPORATIONS
99 SEP 29 PM 2: 48





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 29, 1999

CSC

ATTN; JAMES GUY

SUBJECT: COUNTRYSIDE ALF, LLC

Ref. Number: W99000022493

RESUBMIT

Please give original submission date as file date.

We have received your document for COUNTRYSIDE ALF, LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is not available. Therefore, the limited liability company must adopt an alternate name for use in the state of Florida. To adopt an alternate name the entity must submit a resolution signed by a managing member or manager adopting the alternate name for use in the state of Florida. The alternate name must end with "L.L.C.," "L.C.," "Limited Liability Company" or "Limited Company."

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert (MGRM) in the title portion for each managing member and "MGR" in the title portion for each manager.

The registered agent must sign accepting the designation.

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 cal (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 899A0004755

RECEIVEDEIVED

AFFIDAVIT

The undersigned, AMERICAN RETIREMENT CORPORATION, as the authorized manager of COUNTRYSIDE ALF, LLC, deposes and says that it does not intend to re-activate the status of COUNTRYSIDE ALF, LLC, and hereby gives up ownership of the name COUNTRYSIDE ALF, LLC and authorizes its use by any interested parties.

AMERICAN RETIREMENT CORPORATION

Bv:

Morris H. Miller, as its Authorized Representative

TAL1 #205174 v1

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

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

1.	Name of foreign limited liability company must	e ALA	= , \(\frac{1}{2} \) \(\text{C} \)		
(<u>)</u>	Name of foreign limited liability company must o contained in the name at present.)	ļ			
2	New York	3.	Applied Fo	· · · ·	
(- (-	furisdiction under the law of which foreign limit ompany is organized)	ed liability	,	ole)	
4.	9-24-99 (Date of Organization)	5.	Perpetua!		
			(Duration: Year limited liability cor exist or "perpetual")	npany will cease to	
6	Deta first transacted Assistance in M	orida (San yan)	ons 608,501, 608,502, and 817,155, F.	65	
	1		ona ooo,501, 006,502, mid 611,155, 11.	a.)	
7.	760 Brooks Ave				
_	Rochester, N.Y		14619		
	(St	re sa of pr	ncipal o(lice)		
	st name, title, and business address of Il manage the foreign limited liability		ng member[MGRM] or mana lorida: (attach additional page		
	NAME & ADDRESS:	Ti t:	NAME & ADDRESS:	TITLE:	
	E. Philip Saunders		760 Brooks Avenue	MGRM	
			R∰chester, NY 14619		
					_
				99 ()IVISI

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

ID:218-422-44

State of New York Department of State

 $\langle g \rangle$

I hereby certify, that COUNTRYSIDE ALF, LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 09/24/1999, and that the limited liability company is subsisting so far as shown by the records of the Department.

Witness my hand and the official seal of the Department of State at the City of Albany, this 24th day of September one thousand nine hundred and

Special Deputy Secretary of State

199909270229 38

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:	vside ALF, LLC
2. The name and the Florida street address of the registered	agent and office are:
Corporation	V Service Company
(Name)	
1201 Hayes St	cet
Florida street address (P.O. Box NO	ACCEPTABLE)
Tallahassee,	Fla. 32301
Čity/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. Thereby 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.

By: Deliorah D. Skipper as its agent

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The member or authorized representative of a member of Countryside
ALF, LLC certifics:
1) the above named limited liability company has at least one member;
2) the total amount of cash contributed by the member(s) is
3) if any, the agreed value of property other than cash contributed by member(s) is \$\int_{\circ} \omega_{\circ} \omega_{\circ
and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,00 \$
(This total includes amounts from 2 and 3 above.)
E Phily Saurda
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.)
E. Philip Saunders
Typed or printed name of signec

Filing Fee: \$250.00 for Application and Affidavit