

M9900000/443

Document Number Only

CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

300003015793-4  
-10/15/89-01038-014  
\*\*\*\*155.00 \*\*\*\*155.00

CORPORATION(S) NAME

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 18 PM 1:25

Tallahassee Retirement Residence LLC

W99-23836

Profit  
 NonProfit

Amendment

Merger

Foreign

Dissolution/Withdrawal

Mark

LLC

Limited Partnership  
 Reinstatement

Annual Report  
 Reservation

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 Change of R.A.

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Jeffrey Butterfield

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 OCT 15 AM 11:26

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 15, 1999

CT CORPORATION SYSTEM  
ATTN; JEFFREY BUTTERFIELD

SUBJECT: TALLAHASSEE RETIREMENT RESIDENCE LLC  
Ref. Number: W99000023836

WALK-IN  
PICK-UP

We have received your document for TALLAHASSEE RETIREMENT RESIDENCE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 399A00049970

ATTN

please Back Date  
THANKS

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 OCT 18 AM 11:12

RECEIVED

**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:

1. Tallahassee Retirement Residence LLC  
(Name of foreign limited liability company)

2. Oregon  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. applied for  
(FEI number, if applicable)

4. October 8, 1999  
(Date of Organization)

5. December 31, 2024  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2250 McGilchrist St. SE, Suite 200  
Salem, OR 97302  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The usual business addresses of the managing members or managers are as follows:

William E. Colson 2250 McGilchrist St. SE, Suite 200, Salem, OR 97302

Daniel R. Baty 3131 Elliott Avenue, Suite 500, Seattle, WA 98121

Norman L. Brenden 2250 McGilchrist St. SE, Suite 200, Salem, OR 97302

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Retirement Residence

[Signature]  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Norman L. Brenden  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
93 OCT 18 PM 1:25

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**TALLAHASSEE RETIREMENT RESIDENCE LLC**

was  
organized  
under the Oregon  
**Limited Liability Company Act**  
on  
**October 8, 1999**

and is active on the records of the Corporation Division as  
of the date of this certificate.

In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.

PHIL KEISLING, Secretary of State



By

*Sally L. Poole*  
Sally L. Poole

October 8, 1999

**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:

Tallahassee Retirement Residence LLC

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

CT Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL

33324

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 as provided for in Chapter 608, F.S..*

**CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY

Connie Bryan  
(Signature) *o*

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)