



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 RI DEPT OF STATE
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Application for Registration
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| | | |
|---|---------------------------|---|
| 1. The name of the limited liability company is: | | |
| Life Care Services LLC | | |
| Is this company organized in its state or country of formation as a low-profit limited liability company? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| The name, if different, under which it proposes to register and transact business in Rhode Island is: | | |
| | | |
| 2. The LLC is organized under the laws of: Iowa | | |
| 3. The date of its organization is: 11/25/1998 | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | |
| <input type="checkbox"/> Date certain for dissolution _____ | | |
| 4. The name and address of the resident agent/office in Rhode Island is: | | |
| Agent Name Cogency Global Inc. | | |
| Street Address (NOT a P.O. Box) 222 Jefferson Boulevard | | |
| City/Town Warwick | State RHODE ISLAND | Zip Code 02888 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Senior living management and any lawful act for which a limited liability company may be organized in the state of Rhode Island. | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

400 Locust Street, Suite 820, Des Moines, IA 50309

8. The mailing address for the limited liability company is:

400 Locust Street, Suite 820, Des Moines, IA 50309

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

By one (1) or more managers (List managers below)

| MANAGER | ADDRESS |
|------------------------------|--|
| Joel D. Nelson | 400 Locust Street, Suite 820, Des Moines, IA 50309 |
| Diane C. Bridgewater | 400 Locust Street, Suite 820, Des Moines, IA 50309 |
| Jason Victor, Rick W. Exline | 400 Locust Street, Suite 820, Des Moines, IA 50309 |
| Jill Sorenson | 16787 Bernardo Center Drive, Suite 10, San Diego, CA 92128 |

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

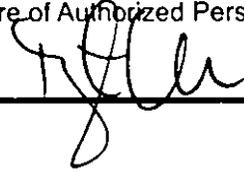
11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

| | |
|--|--------------------------|
| Type or Print Name of LLC Life Care Services LLC | Date 10/1/2019 |
|--|--------------------------|

Signature of Authorized Person  SIGN DOCUMENT HERE

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 10/1/2019

Name: LIFE CARE SERVICES LLC (489DI.C - 222922)

Date of Incorporation: 11/25/1998

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS179189

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

October 11, 2019 11:40 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

