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(Requestor's Name)									
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PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

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CENEDRA



SEP 1 7 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 785735 .7775081

AUTHORIZATION: Smelle le la commencia de la commencia del la commencia de la c

COST LIMIT : \$425.00

ORDER DATE: September 16, 2015

ORDER TIME : 12:12 PM

ORDER NO. : 785735-010

CUSTOMER NO: 7775081

FOREIGN FILINGS

NAME: 1000 ASTON GARDENS DRIVE, 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: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ons					
SUBJECT:	1000 Aston Gard	ens Drive, LLC					
		Name of	Limited Liability	Company			
The enclosed Existence, an	l "Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabili	ransact Business in Florida,' ty company to transact busin	' Certificate of ness in Florida.	
Please return	all correspondence	concerning this matter to the	following:				
	Amanda Chu	rch					
	Name of Person						
	Health Care REIT, Inc.						
	Firm/Company						
	4500 Dorr Street						
	Address						
	Toledo, Ohio	43615					
		City/S	tate and Zip Code				
	achurch@hcre	it.com					
		E-mail address: (to be use	d for future annua	report no	tification)		
For further in	formation concerning	g this matter, please call:					
Amanda Church		419 at (214-5	780			
	Name o	of Contact Person	Arca Code	Day	ytime Telephone Number		
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations cion Section Building ecutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; must incl	ade "Limited Liability Compan	y," "L.L.C.," or	"LLC.")	
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of tra " or "LLC.")	ansacting business in Florida. T	he alternate nam	ne must include	"Limited
2. Delaware	3.	pending			
(Jurisdiction under the law company is organized)	of which foreign limited liability		er, if applicable))	
4.					
	(Date first transacted business in F (See sections 605.0904 & 605.0905,	lorida, if prior to registration.)	itv)	_	
5. 4500 Dorr Street				_	
Toledo, Ohio 43615				ورسوه	
	(Street Address of Princip	al Office)			t
6. 4500 Dorr Street				- 32 2	5 31
Toledo, Ohio 43615					5 '-
	(Mailing Addres	s)		- <u>55</u> - 5	To the second
7. Name and street addres	s of Florida registered agent: (P.O. Bo	v NOT acceptable)			gar a sage
	Corporation Service Company	A Ito Laccoptation		100 J	E MANAGE STORE E E
Name:				200	S and wi
Office Address:	1201 Hays Street			新四	
	Tallahassee	, Florida 32	2301		
	(City)	, , 1 torida	(Zip code)	-	
		Spragge for the about state	d cornoration	at the place a	orionated i
Having been named as re this application, I hereby with the provisions of all s	By:	igent and agree to act in this plete performance of my du	s capacity. If	urther agree	to comply and accep
Having been named as re this application, I hereby with the provisions of all s	accept the appointment as registered a statutes relative to the proper and comption as registered agent. Corporation Service Company By:	igent and agree to act in thi	s capacity. If	further agree familiar with Melissa	to comply and accep
Having been named as re this application, I hereby with the provisions of all s the obligations of my posi	accept the appointment as registered a statutes relative to the proper and comption as registered agent. Corporation Service Company By:	igent and agree to act in this plete performance of my du Missinguite (ent's signature)	is capacity. I fi ities, and I am	urther agree familiar with	to comply and accep
Having been named as rethis application, I hereby with the provisions of all she obligations of my positive obligations of my positive of my positive of my positive or capa	accept the appointment as registered a statutes relative to the proper and comption as registered agent. Corporation Service Company By: (Registered agent)	ngent and agree to act in this plete performance of my du Lent's signature) has/have authority to manage	is capacity. I fi ities, and I am	further agree familiar with Melissa	to comply and accep
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this application, I hereby with the provisions of all state obligations of my positive obligations of my positive or capa 8. The name, title or capa DSL Landford, LLC, me	accept the appointment as registered a statutes relative to the proper and comption as registered agent. Corporation Service Company By: (Registered agent) (Agent and address of the person(s) who have the person agent age	gent and agree to act in this plete performance of my du funt's signature) ass/have authority to manage hio 43615	s capacity. I finites, and I am	further agree familiar with Melissa. Asst. Vice	to comply and acception and acception are acception acception. Zender President
Having been named as replication, I hereby with the provisions of all street of the obligations of my positive obligations of my positive obligations. The name, title or capa DSL Landford, LLC, me DSL Landford, LLC, me	accept the appointment as registered a statutes relative to the proper and comption as registered agent. Corporation Service Company By: (Registered agent) (Agent and address of the person(s) who have the person agent age	gent and agree to act in this plete performance of my du funt's signature) ass/have authority to manage hio 43615	s capacity. I finites, and I am	further agree familiar with Melissa. Asst. Vice	to comply and acception and acception are acception. The acception are acception and acception are acceptable and acception are acceptable and acceptable are acceptable acceptable are acceptable acceptable are acceptable acceptable are acceptable acceptable acceptable are acceptable accep

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Erin C. Ibele, Executive Vice President, Head of Human Capital and Corporate Secretary

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "1000 ASTON GARDENS DRIVE, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1000 ASTON GARDENS DRIVE, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SEP 16 AM 7: O4

SE STATE

Authentication: 10071830

Date: 09-16-15

5806129 8300 SR# 20150144765