

M17000007326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

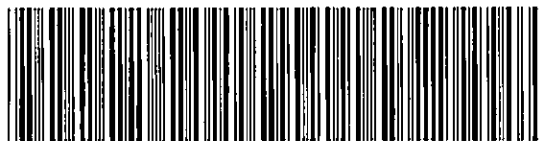
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/24/17--01003--013 **155.00

FILED
2017 AUG 24 PM 2:29
FILING ASSISTANT

2017 AUG 24 11:33
FILED

AUG 25 2017
J. HARRIS

~~38667~~ JHT

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: 8/24 Glinda

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** FOREIGN LLC _____

1. 1490 KILLINGSWORTH WAY SENIOR HOUSING I PROPCO, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1490 Killingsworth Way Senior Housing I PROPCO, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

S. David Setznick
Name of Person
1490 Killingsworth Way Senior Housing I PROPCO, LLC
Firm/Company
One Town Center Rd., Suite 300
Address
Boca Raton, FL 33486
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S. David Setznick at (561) 300-6263
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2017

CORPORATE ACCESS
GLINDA

SUBJECT: 1490 KILLINGSWORTH WAY SENIOR HOUSING I PROPCO, LLC
Ref. Number: W17000069983

2017 AUG 24 PM 2:29
FALL AGENCY

FILED

We have received your document for 1490 KILLINGSWORTH WAY SENIOR HOUSING I PROPCO, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 617A00017524

17 AUG 25 AM 11:12
REGISTRATION

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:

1. 1490 Killingsworth Way Senior Housing I PROPCO, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. UPON FILING
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One Town Center Rd., Suite 300, Boca Raton, FL 33486
(Street Address of Principal Office)

6. One Town Center Rd., Suite 300, Boca Raton, FL 33486
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: National Registered Agents, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

2017 AUG 24 PM 2:29
FILED
TALLAHASSEE, FLORIDA

Registered agent's acceptance:
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 application, 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 relative 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: [Signature]
(Registered agent's signature) JONNE CASWELL, Asst. Secy.

- 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Albert Rabil, III - President, One Town Center Rd., Suite 300, Boca Raton, FL 33486
S. David Selznick- Vice President, One Town Center Rd., Suite 300, Boca Raton, FL 33486
Chris Phillips - Vice President and Treasurer, One Town Center Rd., Suite 300, Boca Raton, FL 33486
Russell M. Reiter - Secretary, One Town Center Rd., Suite 300, Boca Raton, FL 33486

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

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.

S. David Selznick, Authorized Person
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1490 KILLINGSWORTH WAY SENIOR HOUSING I PROPCO, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1490 KILLINGSWORTH WAY SENIOR HOUSING I PROPCO, LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2017.

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



6508224 8300

SR# 20175856630

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203107806

Date: 08-23-17