

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
SUNRISE OF BOYNTON BEACH OPCO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2018 JAN 10 11:07:02

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1-11-19

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0972, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sunrise of Boynton Beach OpCo, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-4816383
(FEI number, if applicable)

4. upon filing
(Date last transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S., to determine penalty liability)
5. c/o Revera Inc.
(Street Address of Principal Office)
5015 Spectrum Way, Suite 600
Mississauga, ON L4W 0E4
6. c/o Revera Inc.
(Mailing Address)
5015 Spectrum Way, Suite 600
Mississauga, ON L4W 0E4

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

CT CORPORATION SYSTEM
By: [Signature]

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity	Name and Address	Title or Capacity	Name and Address
See Exhibit A			

(Use attachments if necessary)

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)

10. 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.

[Signature]
Signature of an authorized person

Michael J. Callahan, Authorized Person

Typed or printed name of signer

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DEPARTMENT OF STATE
PALM BEACH, FLORIDA

Exhibit A

Managers

<u>Name</u>	<u>Address</u>
Richard John Sutter	c/o Revera Inc. 5015 Spectrum Way Suite 600 Mississauga, ON L4W 0E4
John Olympitis	c/o Revera Inc. 5015 Spectrum Way Suite 600 Mississauga, ON L4W 0E4
Russell Simon	c/o Revera Inc. 5015 Spectrum Way Suite 600 Mississauga, ON L4W 0E4
Charles Christian Winkle	c/o Revera Inc. 5015 Spectrum Way Suite 600 Mississauga, ON L4W 0E4

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SECRETARY OF STATE
FALL MASSACHUSETTS

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SUNRISE OF BOYNTON BEACH OPCO, 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 NINTH DAY OF JANUARY, A.D. 2019.

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



6797836 8300

SR# 20190172240

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: 202051492

Date: 01-09-19