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VALIDUS SENIOR LIVING REIT INVESTMENT MANAGEMENT

COMPANY, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

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AUTHORIZATION:

COVER LETTER			
TO: Registration Section Division of Corporations			
Validus Senior Living REIT Investment Management Company, LLC			
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Penny J. Farr			
Name of Person			
Morris Manning & Martin			
·Fim/Company			
3343 Peachtree Road, Suite 1600			
Address S.E. C.			
Atlanta, GA 30326			
City/State and Zip Code			
pfarr@mmmlaw.com E-mail address: (to be used for future annual report notification)			
•			
For further information concerning this matter, please call:			
Penny J Farr 404 , 233-7000			
Name of Person Area Code & Daytime Telephone Num	iber		
Enclosed is a check for the following amount:			
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certified	O Filing Fee, cate of Status & cd Copy and copy is enclosed)		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Circumpture Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	18:
Validus Senior Living REIT Investment Management C	iompany, LLC Jability Company, "L.L.C.," or "LLC.")
(wids) and with the words. Limited E	dantity Company, E.L.C., or ELC.
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3504 Cragmont Drive	3504 Cragmont Drive
Suite 100	Suite 100
Tampa, PL 33619	Tampa, FL 33619
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another action of the registered agent are:
Capitol Corporate Services, Inc.	
Name Dr.	
155 Office Pl	aza Dr Ste A
Florida street	address (P.O. Box NOT acceptable)
Tallahassee	F _E 32301
City	, State, and Zip
liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of alete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S
KntaAr	Krista Ali, Assistant Secretary on

(CONTINUED)

Page 1 of 2

Mario Garcia, Jr. 3504 Craqmont Drive Suite 100 Tampa, FL 33619

(Use attachment if necessary)

Title:

MGRM

"MGR" = Manager

"MGRM" = Managing Member

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:

ARTICLE V: Effective date, if other than the date of filing: ________. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an imprized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Mario Garcia, Jr.
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)