

8/6/2019

Division of Corporations

**M19000007557**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)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.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Protea Senior Living Daytona Beach Ozone LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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AUG 07 2019

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Protea Senior Living Daytona Beach Ozone 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. California 3. 84-2347567  
(Jurisdiction under the laws of which foreign limited liability company is organized) (TIN number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 6-15 (2004) & 6-15 (2005), F.S., to determine penalty liability)

5. 18 Ventana Ridge Drive 6. 18 Ventana Ridge Drive  
(Street Address of Principal Office) (Mailing Address)

Aliso Viejo, CA 92656 Aliso Viejo, CA 92656

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

Name: C T Corporation System  
Office Address: 1300 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.

By: C T Corporation System  
Candice Pignataro, Assistant Secretary  
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: RSFB Holdings LLC

☒ Member Address: Sterling Trustees LLC MBR  
101 S Phillips Ave, Ste 509  
Sioux Falls, SD 57104-8736

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name: Protea Capital Opportunity Zone

☒ Member Address: Investment Fund  
18 Ventana Ridge Drive  
Aliso Viejo, CA 92656

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name: The Jeffrey P. Frieden Living

☒ Member Address: Trust  
18800 Von Karman Avenue, Ste A  
Irvine, CA 92612

☐ Authorized Person

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: HSFB Holdings LLC

☒ Member Address: Sterling Trustees LLC MBR  
101 S Phillips Ave, Ste 509  
Sioux Falls, SD 57104-8736

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name: The Robert D. Friedman Living

☒ Member Address: Trust  
18800 Von Karman Avenue, Ste A  
Irvine, CA 92612

☐ Authorized Person

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

☐ Person \_\_\_\_\_

☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 of an authorized person

Hans Abel van der Laan

Typed or printed name of signer

# State of California Secretary of State

## CERTIFICATE OF STATUS

ENTITY NAME: PROTEA SENIOR LIVING DAYTONA BEACH OZONE LLC

FILE NUMBER: 201919010079  
FORMATION DATE: 07/05/2019  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day of  
August 5, 2019.

ALEX PADILLA  
Secretary of State

VRF