

**A16000000743**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

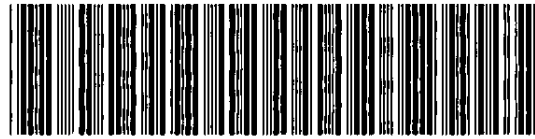
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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16 DEC 29 PM 4:14

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. BRUCE  
DEC 30 2016

Date: 12/29/2016

Account #: I20000000088

Name: Marisa Kugelman

Reference #: D295676

ENTITY NAME: GC MANOR SENIOR HOUSING LIMITED PARTNERSHIP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal


☐ Fictitious Name

☐ Other: \_\_\_\_\_

\* Please file  
this SECOND \*

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TALLAHASSEE, FLORIDA

Authorized Amount: \$1,000.00

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GC Manor Senior Housing Limited Partnership  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Tammy Shaffer

Contact Person

National Church Residences

Firm/Company

2335 North Bank Drive

Address

Columbus, Ohio 43220

City, State and Zip Code

tshaffer@nationalchurchresidences.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Shaffer

Name of Contact Person

at ( 614 )

Area Code and Daytime Telephone Number

273-3712

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)

\$1,008.75 Filing Fees  
and Certificate of  
Status

\$1,052.50 Filing Fees  
and Certified Copy

\$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

CR2E030 (01/06)

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. GC Manor Senior Housing Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.*

2. 2335 North Bank Drive  
(Street address of initial designated office)

Columbus Ohio 43220

3. National Corporate Research, Ltd., Inc.  
(Name of Registered Agent for Service of Process)

4. 115 North Calhoun Street, Suite 4  
(Florida street address for Registered Agent)

Tallahassee, Florida 32301

5. *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.*

Kathy A. Bales, Asst  
Signature of Registered Agent

6. 2335 North Bank Drive  
(Mailing address of initial designated office)

Columbus Ohio 43220

7. If limited partnership elects to be a limited liability limited partnership, check box

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

National Church Residences of GC Manor, LLC

2335 North Bank Drive

Columbus

Ohio

43220

216000233710

9. Effective date, if other than the date of filing:

1/1/2017

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 29<sup>th</sup> day of December, 2016.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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]

Tanya Hahn, VP/Secretary

Filing Fees:

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

**\$52.50**

Certificate of Status (optional):

**\$8.75**

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TALLAHASSEE, FLORIDA

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