Division of Corporations

B13000000313

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

File 2nd after LLC (general partner)
H13000245396

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

Email Address: _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
METROPOLITAN MEDICAL PROPERTIES, LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$1,000.00

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date of submission 11/5

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11/5/2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metropolitan Medical Properties, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Elizabeth Meyer
Contact Person

Sonkin & Koberna
Firm/Company

3401 Enterprise Parkway, Suite 400
Address

Cleveland, Ohio 44122
City, State and Zip Code

joe@co-realty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Meyer at (216) 514-8300
Name of Contact Person — Area Code and Daytime Telephone Number

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 Fee, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Metropolitan Medical Properties, LP

(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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Ohio — **State or Country of Formation**

3. October 24, 2013 — **Date of Formation**

4. **Federal Employer Identification Number:** 46-4032073

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. *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.*

C T Corporation System

By: Connie Bryan — Connie Bryan Assistant Secretary

Signature of Registered Agent

7. **Principal Office:**

18100 Jefferson Park Road, Suite 103

Middleburg Heights, Ohio 44130

8. **Mailing Address:**

18100 Jefferson Park Road, Suite 103

Middleburg Heights, Ohio 44130

9. **If limited partnership is a limited liability limited partnership, check box .**

10. **Name, principal office address, and mailing address of each general partner:**

Name of General Partner: Crescendo Metropolitan, LLC

Street Address: 18100 Jefferson Park Road, Suite 103
Middleburg Heights, Ohio 44130

Mailing Address: 18100 Jefferson Park Road, Suite 103
Middleburg Heights, Ohio 44130

Name of General Partner: M13000007015

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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TALLAHASSEE, FLORIDA

Name of General Partner:_____ Name of General Partner:_____

Street Address: _____ Street Address: _____

_____ _____

Mailing Address:_____ Mailing Address:_____

_____ _____

11. **Effective date, if other than the date of filing:**_____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 5th day of November 20 13.

By Crescendo Metropolitan, LLC General Partner

_____
Signature of a general partner
By: Joseph Greulich, Manager/Member

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show METROPOLITAN MEDICAL PROPERTIES, LP, an Ohio Limited Partnership, Registration Number 2240532, filed on October 24, 2013, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of November, A.D. 2013.

Jon Husted

Ohio Secretary of State

Validation Number: 201330900652