Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 : (407)650-1000 : (407)540~7522 Fax Number

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

een soto Ocal com

FLORIDA/FOREIGN LP/LLLP

CHP Austin TX Senior Living Owner, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 2 0 2015

8/18/2015

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

1 CHP Austin TX Senior Living Owner, LP	
(Name of Limited Partnership or Limited Liability) Acceptable Limited Partnership suffixes: Limited Partnership, Acceptable Limited Liability Limited Partnership suffixes: Limited Partnership or Limited Partnership suffixes: L	Limited, L.P., LP, or Ltd.
	or limited liability limited partnership proposes to register to transact ust contain acceptable suffix.
₂ Delaware	_{3.} June 26, 2015
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 47-4497832)
5. Name of Registered Agent for Service of Process and Flor	ida Street Address:
Amy J. Patterson	ida Street Address:
450 S. Orange Ave.	AHASSE
Orlando, FL 32801	
of all statutes relative to the proper and complete performand my position as registered agent.	ne to act in this capacity. I further agree to Freshly with the provision of the opening and I am familiar with and Freshligations of the solding attorns of the
7. Principal Office: 8	. Malling Address:
450 S. Orange Avenue	PO Box 4920
Orlando, FL 32801	Orlando, FL 32802-4920
9. If limited partnership is a limited liability limited partner	ship, check box,
10. Name, principal office address, and mailing address of e	ach general partner:
Name of General Partner: CHP Austin TX Owner GP, L	LC MIS 0000006567
Street Address: 450 S. Orange Avenue	Street Address:
Orlando, FL 32801	
Mailing Address: PO Box 4920	Malling Address;
Orlando, FL 32802-4920	
Name of General Parmer:	Name of General Partner:
Street Address:	Street Address:

Mailing Address: _____ Mailing Address: _____

Page 1 of 2 Name of General Partner:
Street Address:
Mailing Address:
the date this document is filed by the Florida Department of State.)
ot more than 90 days prior to the delivery of this application to the rofficial having custody of the entity's records in the jurisdiction under
n TKainer EP,LLC; OD GP
ire of a general partner the son, Authorized the son O.S.P. ed herein are true and the individual is aware that false information as a third degree felony as provided for in s.817.155, F.S.
\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

2015 AUG 19 A 9 4 1 SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHP AUSTIN TX SENIOR LIVING OWNER,

LP" 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 TWENTY-NINTH DAY OF JUNE,

A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP AUSTIN TX SENIOR LIVING OWNER, LP" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5774884 8300

150979562

DATE: 06-29-15

AUTHENTICATION: 2510706

Jeffrey W. Bullock, Secretary of State

You may verify this cortificate online at corp. delaware, gov/authver. shtml