

To: Page 4 of  
Division of Corporations

2016-10-27 10:34:48 CST

1954200845 From: Ranae McGraw

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H160002575013)))



H160002575013ABC.

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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) 205-8842  
Fax Number : (850) 878-5368

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

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

**FLORIDA/FOREIGN LP/LLLP**

**Symphony Senior Living Limited Partnership**

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

RECEIVED  
2016 OCT 27 PM 4:02  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY  
OCT 28 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Symphony Senior Living Limited Partnership  
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:

James C. Bruno

Contact Person

Butzel Long

Firm/Company

150 W. Jefferson, Suite 100

Address

Detroit, Michigan 48226

City, State and Zip Code

Bruno@butzel.com

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

For further information concerning this matter, please call:

James C. Bruno or Mary Ann Crawley at ( 313 ) 225-7000

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

X\$1,000.00 Filing Fees  
(S965 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

850-617-6381

10/19/2016 12:39:30 PM PAGE 1/001 Fax Server



October 19, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SYMPHONY SENIOR LIVING LIMITED PARTNERSHIP  
REF: W16000071262

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: B16000257501  
Letter Number: 416A00022493

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P.O BOX 6327 - Tallahassee, Florida 32314

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**2016 OCT 27 AM 11:58**  
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 TALLAHASSEE, FLORIDA

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

1. Symphony Senior Living 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.

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. Michigan

State or Country of Formation

3. December 16, 2015

Date of Formation

4. Federal Employer Identification Number 32-0482499

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.

*Jan M. Halpin*

James M. Halpin  
 Assistant Secretary

Signature of Registered Agent

7. Principal Office:

390 Park Street, Suite 222

Birmingham, MI 48009

8. Mailing Address:

390 Park Street, Suite 222

Birmingham, MI 48009

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

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

Symphony Senior Living Holdings, Inc.

Name of General Partner:

Name of General Partner:

Street Address: 390 Park Street, Suite 222

Street Address:

Birmingham, MI 48009

Mailing Address: 390 Park Street, Suite 222

Mailing Address:

Birmingham, MI 48009

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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: November 1, 2016

(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 16 day of Oct, 2016.

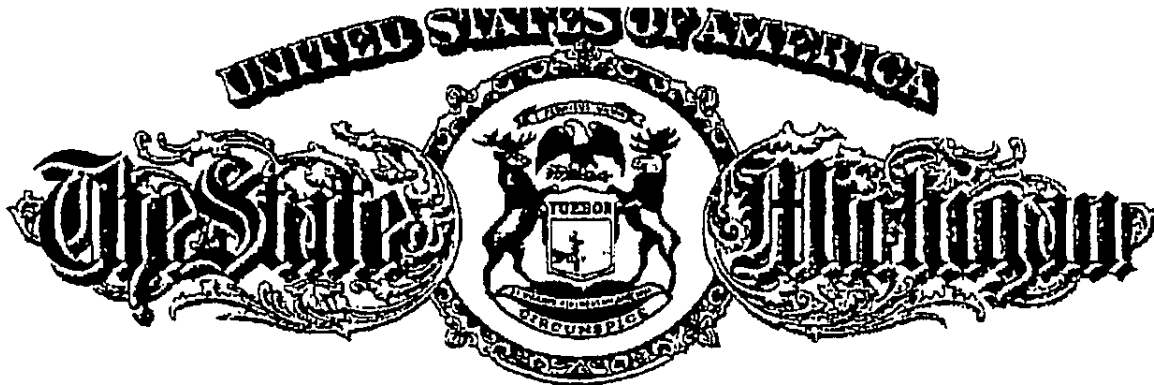
  
Signature of a general partner Lisa M. Brush, President of  
Symphony Senior Living Holdings, Inc.

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.817.133, F.S.

Filing Fee:  
Certified Copy (optional):  
Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
\$62.50  
\$8.75

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2016 OCT 27 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

This is to Certify That

**SYMPHONY SENIOR LIVING LIMITED PARTNERSHIP**

a Michigan limited partnership was formed on December 18, 2015.

I FURTHER CERTIFY that the Certificate of Limited Partnership has not been canceled and is in full force and effect as of this date.

This certificate is in due form, and made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED  
2016 OCT 27 AM 11:58  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



Sent by Facsimile Transmission  
1385043

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of May, 2016.

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau