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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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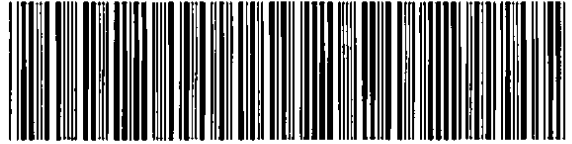
(Business Entity Name)

(Document Number)

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

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S. CHATHAM  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS



## Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 9/1/2022

Trans#: 1323231

**Entity Name:** INSPIRED SENIOR LIVING OF DELRAY BEACH DST *7*

Articles Incorporation/Formation ( )

Articles of Amendment ( )

Articles of Dissolution ( )

Annual Report ( )

Conversion ( )

Fictitious Name ( )

☒ Foreign Qualification (XX-DST) *7*

Limited Liability ( )

Limited Partnership ( )

Merger ( )

Reinstatement ( )

Withdrawal / Cancellation ( )

Other ( )

**STATE FEES PREPAID WITH CHECK #2923 FOR \$358.75** *7*

### PLEASE RETURN:

☒ **Certified Copy (XX)** *7* ☐ **Plain Photocopy ( )**

☐ **Good Standing ( )** ☐ **Certificate of Fact ( )**

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE  
TO FILE OR QUALIFY**

Inspired Senior Living of Delray Beach DST

A Delaware statutory TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to  
Common Law Declarations of Trust, the undersigned, the Chairman of the  
Board of Trustees of Inspired Senior Living of Delray Beach DST, a

(Name of Trust)

Delaware statutory Trust hereby affirms in order to file or qualify

(State)

Inspired Senior Living of Delray Beach DST, in the State of Florida.

(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is 7047 E Greenway Parkway, Suite 300  
Scottsdale, AZ 85254

3. The registered agent and street address in the State of Florida is:  
Capitol Corporate Services, Inc.

515 E Park Ave. Floor 2, Tallahassee, FL 32301

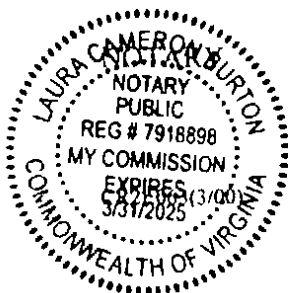
4. Acceptance by the registered agent: Having been named as registered  
agent to accept service of process for the above named Declaration of Trust  
at the place designated in this affidavit, I hereby accept the appointment as  
registered agent and agree to act in this capacity.

*Taylor Seay*

Taylor Seay, Asst. Sec.

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of  
Trust under which the association proposes to conduct its business in  
Florida.



Name: Chris Sorensen

Manager of Sorensen Entity Services, Inc. a trustee Chesterfield

Commonwealth/State of VIRGINIA

The foregoing instrument was acknowledged  
before me this 31 day of August

Filing Fee: \$350.00

Certified Copy: \$ 8.75 (optional)

2022, by Christopher Sorensen  
(Name of person seeking acknowledgment)

Notary Public

My Commission Expires: 3/31/2025

# Delaware

The First State

Page 1

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP - 1 PM 3:27

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "INSPIRED SENIOR LIVING OF DELRAY BEACH DST" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF STATUTORY TRUST REGISTRATION, FILED THE SEVENTEENTH DAY OF JUNE, A.D. 2022, AT 6:10 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID STATUTORY TRUST, "INSPIRED SENIOR LIVING OF DELRAY BEACH DST".



  
Jeffrey W. Bullock, Secretary of State

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SR# 20222804117

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203747538  
Date: 06-23-22

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## STATE of DELAWARE CERTIFICATE of TRUST

This Certificate of Trust is filed in accordance with the provisions of the Delaware Statutory Trust Act (Title 12 of the Delaware Code, Section 3801 et seq.) and sets forth the following:

• **First:** The name of the trust is Inspired Senior Living of Delray Beach DST

• **Second:** The name and address of the Delaware trustee is

Sorensen Entity Services LLC, located at 1201 N. Orange Street, Suite 7044,  
Wilmington, Delaware 19801-1189.

• **Third:** (Insert any other information the trustees determine to include therein.)

SORENSEN ENTITY SERVICES LLC

By: 

Trustee(s)

Chris Sorensen, Manager of Sorensen

Name: Entity Services LLC, the Delaware trustee

Typed or Printed