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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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: \_\_\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

Harvest Management Sub TRS Corp.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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14 DEC -7 PM 5:02

DIVISION OF CORPORATIONS

T. Burch DEC 8 2011

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Harvest Management Sub TRS Corp.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

sarah.bruck@holidaytouch.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Harvest Management Sub TRS Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 45-3864272

(FEI number, if applicable)

4. 11/15/2011

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2250 McGilchrist St. SE, Salem, OR 97302

(Principal office address)

P.O. Box 14111, Salem, OR 97309

(Current mailing address)

8. Employer / Manager of Senior Apartments through the US

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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: 

Dorie Kluss Asst. Secretary

(Registered agent's signature)

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

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: SEE ATTACHMENT

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: SEE ATTACHMENT

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. \_\_\_\_\_

R. Scott Wood, Secretary

(Typed or printed name and capacity of person signing application)

Directors of Harvest Management Sub TRS Corp.

OFFICE	NAME	BUSINESS ADDRESS	RESIDENCE ADDRESS
Director	Randal Nardone	1345 Avenue of the Americas, 46 <sup>th</sup> Floor New York, NY 10105	See Business Address
Director	David N. Brooks	1345 Avenue of the Americas, 46 <sup>th</sup> Floor New York, NY 10105	See Business Address
Director	Jonathan Ashley	1345 Avenue of the Americas, 46 <sup>th</sup> Floor New York, NY 10105	See Business Address
Director	John Morrissey	1345 Avenue of the Americas, 46 <sup>th</sup> Floor New York, NY 10105	See Business Address

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Officers of Harvest Management Sub TRS Corp.

OFFICE	NAME	BUSINESS ADDRESS	RESIDENCE ADDRESS
Chief Executive Officer	Jack R. Callison, Jr.	2250 McGilchrist St. SE, Salem, OR 97302	See Business Address
Chief Financial Officer and Treasurer	Scott Shanaberger	2250 McGilchrist St. SE, Salem, OR 97302	See Business Address
Chief Information Officer	Sheila Donahoe	2250 McGilchrist St. SE, Salem, OR 97302	See Business Address
President - U.S. Operations	Roger Aufieri	2250 McGilchrist St. SE, Salem, OR 97302	See Business Address
Executive Vice President	Kai Hsiao	2250 McGilchrist St. SE, Salem, OR 97302	See Business Address
Assistant Vice President	John Morrissey	1345 Avenue of the Americas, 46 <sup>th</sup> Floor New York, NY 10105	See Business Address
Assistant Vice President	Jonathan Ashley	1345 Avenue of the Americas, 46 <sup>th</sup> Floor New York, NY 10105	See Business Address
General Counsel/Secretary	R. Scott Wood	2250 McGilchrist St. SE, Salem, OR 97302	See Business Address
Assistant Secretary	David N. Brooks	1345 Avenue of the Americas, 46 <sup>th</sup> Floor New York, NY 10105	See Business Address
Assistant Secretary	Leah Kuor	2250 McGilchrist St. SE, Salem, OR 97302	See Business Address

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARVEST MANAGEMENT SUB TRS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2011.

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

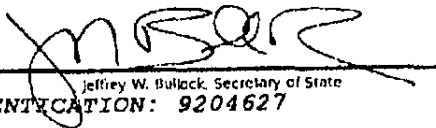
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9204627

DATE: 12-06-11