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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) 540-2699

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

Email Address: eileen.soto@cnl.com

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**CHP Shorewood WI Tenant Corp.**

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**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. **CHP Shorewood WI Tenant 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. **applied for**

(FEI number, if applicable)

4. **June 4, 2014**

(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. **450 S. Orange Avenue, Orlando, FL 32801**

(Principal office address)

**PO Box 4920, Orlando, FL 32802**

(Current mailing address)

8. **Lessee of senior living facility**

(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: **Amy J. Patterson**

Office Address: **450 S. Orange Avenue**

**Orlando**

(City)

**32801**

(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.*

  
(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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Chairman: PLEASE SEE ATTACHED

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

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

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

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

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

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

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

**B. OFFICERS**

President: PLEASE SEE ATTACHED

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. Amy J. Patterson, Assistant Secretary

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

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## Name of Company : CHP Shorewood WI Tenant Corp.

## Name of Officers (Current) :

Title	Name	Address
Vice President	Bracco, Tracey B.	450 S. Orange Ave., Orlando, FL 32801
Senior Vice President	Duarte, Ischell C.	450 S. Orange Ave., Orlando, FL 32801
Vice President	Gray, Erin M.	450 S. Orange Ave., Orlando, FL 32801
Secretary	Greer, Holly J.	450 S. Orange Ave., Orlando, FL 32801
Senior Vice President	Greer, Holly J.	450 S. Orange Ave., Orlando, FL 32801
Senior Vice President	Johnson, Joseph T.	450 S. Orange Ave., Orlando, FL 32801
Treasurer	Johnson, Joseph T.	450 S. Orange Ave., Orlando, FL 32801
Senior Vice President	Maddron, Kevin R.	450 S. Orange Ave., Orlando, FL 32801
President	Mauldin, Stephen H.	450 S. Orange Ave., Orlando, FL 32801
Assistant Secretary	Patterson, Amy J.	450 S. Orange Ave., Orlando, FL 32801
Vice President (limited purpose of	Peeper, Ashley	450 S. Orange Ave., Orlando, FL 32801
Senior Vice President Finance &	Redlich, Kay S.	450 S. Orange Ave., Orlando, FL 32801
Senior Vice President	Starr, John F.	450 S. Orange Ave., Orlando, FL 32801
Senior Vice President	Taube, Joshua J.	450 S. Orange Ave., Orlando, FL 32801
Senior Vice President	Wortman, Steven M.	450 S. Orange Ave., Orlando, FL 32801

## Name of Directors (Current) :

Holly J. Greer	450 S. Orange Ave., Orlando, FL 32801
Stephen H. Mauldin	450 S. Orange Ave., Orlando, FL 32801
Joseph T. Johnson	450 S. Orange Ave., Orlando, FL 32801

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# Delaware

*The First State*

PAGE 1 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP SHOREWOOD WI TENANT 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 FOURTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP SHOREWOOD WI TENANT CORP." WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 2014.

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

5545808 8300

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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: 1426515

DATE: 06-04-14