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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) 540-7522

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
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eileen-soto@cni.com

FOREIGN PROFIT/NONPROFIT CORPORATION

CHP Yakima WA Tenant Corp.

Certificate of Status	0
Certified Copy	0
Page Count	05
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ALLAHASSEE, FLORIDA

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Help

H15000136461 3

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. **CHP Yakima WA Tenant Corp.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(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. **47-3147710**

(FEI number, if applicable)

4. **February 13, 2015**

(Date of Incorporation)

5. **perpetual**

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

6. **upon qualification**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **450 S. Orange Avenue, Orlando, FL 32801**

(Principal office address)

PO Box 4920, Orlando, FL 32802-4920

(Current mailing address)

8. **lessor of memory care facility**

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

Florida **32801**

(Zip Code)

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TALLAHASSEE, FLORIDA

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.

415000136461 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP YAKIMA WA 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 EIGHTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP YAKIMA WA TENANT CORP." WAS INCORPORATED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2015.

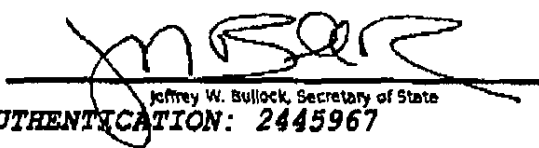
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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150893695

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2445967

DATE: 06-08-15

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: PLEASE SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PLEASE SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

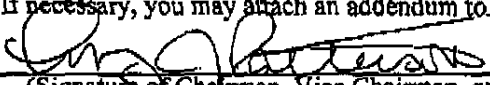
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Amy J. Patterson, Assistant Secretary
(Typed or printed name and capacity of person signing application)

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DIRECTORS

Holly J. Greer	450 S. Orange Avenue, Orlando, FL 32801
Stephen H. Mauldin	450 S. Orange Avenue, Orlando, FL 32801
Kevin R. Maddron	450 S. Orange Avenue, Orlando, FL 32801

OFFICERS

The business address for all officers below is: 450 S. Orange Avenue, Orlando, FL 32801

OFFICERS

TITLE

Stephen H. Mauldin	President
Holly J. Greer	Senior Vice President, Secretary
Kevin R. Maddron	Senior Vice President and Treasurer
Tracey B. Bracco	Vice President
Ixhcell C. Duarte	Senior Vice President
Amy J. Patterson	Assistant Secretary
Joel P. Sherman	Senior Vice President
John F. Starr	Senior Vice President