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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Symphony Senior Living Holdings, Inc.**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 26 2016  
J. HARRIS

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**BUTZEL LONG**  
ATTORNEYS AND COUNSELORS

*a professional corporation*

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butzel.com

October 19, 2016

Ms. Lisa Brush  
Symphony Senior Living Inc.  
20 Toronto Street  
Suite 460  
Toronto, ON M5C 2B8  
Canada

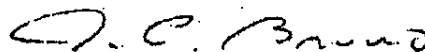
Dear Ms. Brush:

Re: Symphony Senior Living – General Corporate (Florida)

The qualification of the limited partnership in Florida requires the qualification of the general partner. I am enclosing an Application by Foreign Corporation for Authorization to Transact Business in Florida for Symphony Senior Living Holdings, Inc. Please sign and scan a copy back to my attention. This will require your staff to consider whether it will need to file a tax return in Florida for the corporation in addition to a return for the limited partnership, Symphony Senior Living, L.P.

Please contact me with any questions.

Sincerely,



J.C. Bruno

VIA EMAIL: LBRUSH@SYMPHONYSENIORLIVING.COM

JCB/mac  
Enclosure

cc: James Kennedy (w/encl.) (via email: jkennedy@symphonyseniorliving.com)  
Monica Boil (w/encl.) (via email: mboik@symphonyseniorliving.com)

Ann Arbor Bloomfield Hills Detroit Lansing New York Washington D.C.  
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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. Symphony Senior Living Holdings, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Michigan 3. 37-1799573  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 16, 2015 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 390 Park Street, Suite 222, Birmingham, MI 48009  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. 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, FL 33324 Florida  
(City) (Zip code)

**9. 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: James M. Halpin  
Assistant Secretary  
(Registered agent's signature)

10. 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.

16 OCT 25 AM 9:16

## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

Director: Lisa M. Brush

Address: 390 Park Street, Suite 222, Birmingham, MI 48009

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

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

**B. OFFICERS**

President: Lisa M. Brush

Address: 390 Park Street, Suite 222, Birmingham, MI 48009

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

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

Secretary: Lisa M. Brush

Address: 390 Park Street, Suite 222, Birmingham, MI 48009

Treasurer: Lisa M. Brush

Address: 390 Park Street, Suite 222, Birmingham, MI 48009

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

12. \_\_\_\_\_

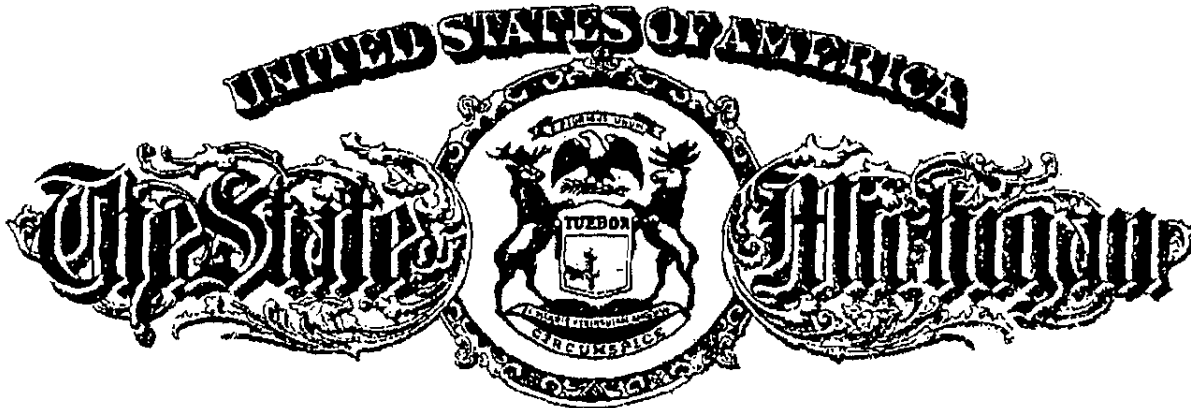
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Lisa M. Brush, President

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

16 OCT 25 AM 9:16  
STATE OF FLORIDA  
DEPARTMENT OF STATE



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

*This is to Certify That*

**SYMPHONY SENIOR LIVING HOLDINGS, INC.**

was validly incorporated on December 17, 2015, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, 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.



Sent by Facsimile Transmission  
1417746

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of October, 2016.

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau