FBCCCCCCO195

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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DEPARTMENT OF STATE FILED

18 MAR -6 PM 4: 2 JUNE MAR -6 A 9: 51

ماماره

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 094502 7452534

AUTHORIZATION : Could be an

COST LIMIT : \$ 76.00

ORDER DATE: March 2, 2018

ORDER TIME : 2:59 PM

ORDER NO. : 094502-020

CUSTOMER NO: 7452534

FOREIGN FILINGS

NAME: HCP S-H 2015 MEMBER, INC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations			
HCP S-H 2015 Member,	lnc.		
SUBJECT: Nar	ne of corporatio	on - must include suffix	_
Dear Sir or Madam:			
	ate of Good Sta	or Authorization to Transact Business in Florida, anding" and check are submitted to register the ness in Florida.	,,,
Please return all correspondence conce Olga De Stefanis	erning this matte	er to the following:	
	Name of	f Person	
HCP, Inc.			
	Firm/Cor	mpany	
1920 Main Street, Suite 1200			
Irvine, CA 92614	Add	ress	
hcp@cscinfo.com	City/State	and Zip code	
E-mail add	ess: (to be used	for future annual report notification)	
For further information concerning thi	s matter, please	[**	ŗŗ
Olga De Stefanis	949 at (407-0700 :	Ι
Name of Person	Area Co		
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a	amount:		
■ \$70.00 Filing Fee □ \$78.75 Fi Certifica	ling Fee & (te of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fe 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.

(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transact	ing business in Florida)
Delaware		20-3109318	
(State or countr 06/30/2005	y under the law of which it is incorporated)	(FEI number, if a	
(Date of incorporation) 5.		(Date of duration, if other	er than perpetual)
	(r thicipa	I office address)	
Name and stree	at address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	2018 7.A.C.L.
Name:			
Name:	Corporation Service Company 1201 Hays Street Tallabassee	Box NOT acceptable)	2010 MAR - 5 A
	Corporation Service Company 1201 Hays Street Tallabassee	Box <u>NOT</u> acceptable)	WWW - P

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.

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

	Troy E. McHenry			
	c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614		·	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Vice Chai	Peter A. Scott rman:			
	c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614			
Director:			- 	
Address:				
Director:				
Address:				
				
B. OFF	CERS Thomas M. Herzog			
√ President:	c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614			
Address:		-4 4	8103	_
	Kendall Young	77,77	B HAR	1 1
	dent: c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614	Si ii	5	1
Address:			\supset	
√Secretary:	Troy E. McHenry		<u>ာ</u>	`
Address:	c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614	71		
Treasurer	Matthew A. Brill			
Address:	c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614			
NOTE:	If necessary, you may attach an addendum to the application listing additional off	icers and/or dir	ectors.	
12	Signature of Director or Officer		 -	
are true a	er or director signing this document (and who is listed in number 11 above) affirm nd that he or she is aware that false information submitted in a document to the D gree felony as provided for in s.817.155, F.S.			
13. Kend	all Young, Executive Vice President			
	(Typed or printed name and capacity of person signing application	1)		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HCP S-H 2015 MEMBER, INC." 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 FIFTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HCP S-H 2015

MEMBER, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D.

2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES, HAVE
BEEN PAID TO DATE.

18 HAR - 6 A 9:51

Authentication: 202252828

Date: 03-05-18

3992563 8300 SR# 20181694140