

L 06000058908

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

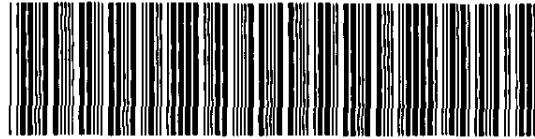
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/15/15--01001--017 **185.00

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15 JUN 12 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Wolters Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 558 1930 tel
855 637 1628 fax
www.ctcorporation.com

June 12, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9584880 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

HCP Grosvenor Orlando Owner LLC (FL)
Conversion
Florida

HCP Grosvenor Orlando Owner LLC (DE)
Registration
Florida

HCP Grosvenor Orlando Owner LLC (FL)
Obtain Document - Misc - Certified Copy of Evidence
Florida

HCP Grosvenor Orlando Owner LLC (DE)
Obtain Document - Misc - Certificate of Status
Florida

~~HCP Grosvenor Orlando Owner LLC (FL)
Obtain Document - Misc - Certificate of Status
Florida~~

~~HCP Grosvenor Orlando Owner LLC (DE)
Obtain Document - Misc - Certified Copy of Evidence
Florida~~

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850)-222-1092 .

Nonnie Bruner 205-8842

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HCP Grosvenor Orlando Owner LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Natasha V. Ruane

Name of Person

TPG Companies, Inc.

Firm/Company

525 Okeechobee Boulevard

Address

West Palm Beach, Florida 33401

City/State and Zip Code

vburnus@tpgcompanies.com

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

For further information concerning this matter, please call:

Natasha V. Ruane

Name of Contact Person

at (561)

Area Code

440.2045

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

HCP Grosvenor Orlando Owner LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

HCP Grosvenor Orlando Owner LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware

(Enter state, or if a non-U.S. entity, the name of the country)

on June 11, 2015

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 JUN 12 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 1200 South Pine Island Road
Plantation, Florida 33324

Mailing Address: 1200 South Pine Island Road
Plantation, Florida 33324

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 11 day of March, 2015

Signature: [Signature]

Must be signed by a Member or Authorized Representative

Printed Name: Elizabeth A. Procaccianti Title: Authorized Representative

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)