M0800001607

(Re	equestor's Name)	·		
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
· •				

Office Use Only



800121503328



B. KOHR

APR - 3 2008

EXAMINER





ACCOUNT NO. : 072100000032

REFERENCE : 512003 7452534

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE: April 2, 2008

ORDER TIME : 1:43 PM

ORDER NO. : 512003-170

CUSTOMER NO: 7452534

FOREIGN FILINGS

NAME: HCP OCOEE, LLC

XXXX QUALIFICATION (T	TYPE:	LL)
-----------------------	-------	-----

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY INNESS, IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST	TATE OF FLORIDA:
1. HCP Ocoee, LLC (Name of Foreign Limited Liability Company; must include	William Villiam Gamerican But V. Bas (II C. B)
(Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.)
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternate Company," "L.L.C.," "LLC.")	
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. April 1, 2008 5. (Date of Organization)	Perpetual
· · · · · · · · · · · · · · · · · · ·	(Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	la, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to	determine penalty liability)
·	10 3
3760 Kilroy Aiport Way, Suite 300, Long Be	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here
9. The name and usual business addresses of the managi	ing members or managers are as follows:
FAEC Holdings (EP), LLC, a Delaware limit	ed liability company
3760 Kilroy Aiport Way, Suite 300, Long Be	ach, CA 90806
10. Attached is an original certificate of existence, no more than 90 day	e old duly authenticated by the official baring authory of records in
the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under eath of the translator must be submitted.)	not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	romoted in Florida: Ownership, operation
and development of real estate.	
Dia of Man	/
(In accordance with section 608.408(3), F.S.,	
an affirmation under the penalties of perjury Brian J. Maas, Senior Vice P	that the facts stated herein are true.) President OF FAEC Holdinas (EP)ILLC
Typed or printed no	
1 yped or printed in	minor signed Its sole nember

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liab	inty Compa	any is:	
HCP Ocoee	, LLC			
If name unava	ilable, the alternate	name to be	e used in the state of Florida is:	
2. The name	and the Florida stree	et address o	of the registered agent and office are:	
	Corporation Se	ervice Co	mpany	
			(Name)	-
	1201 Hays Str			_
	Florid	a Street Add	ress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee		FL 32301	
			City/State/Zip	-
liability compo agent and agre relating to the obligations of	any at the place design se to act in this capa proper and complete my position as regist n Service Compa	gnated in the city. I furth e performa tered agent ny Jeanine	o accept service of process for the above so his certificate, I hereby accept the appointm her agree to comply with the provisions of nce of my duties, and I am familiar with an as provided for in Chapter 608, Florida S Reynolds	nent as registere all statutes ad accept the
)		\$ 100.00	Filing Fee for Application	
		\$ 25.00	• • • • • • • • • • • • • • • • • • • •	
		\$ 30.00	Certified Copy (optional)	
		\$ 5.00	Certificate of Status (optional)	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCP OCOEE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HCP OCOEE, LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2008.

4528127 8300

080386994

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6497422

DATE: 04-03-08

Variet Smile Hinden

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