M08000001612

(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



300121503373

08 APR -3 PM 2: 41
SECRETARY OF STATE
SALLAHASSEE, FLORIDA

RECEIVED

B. KOHR

APR - 3 2008

EXAMINER



ACCOUNT NO. : 07210000032 REFERENCE : 512003 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: April 2, 2008 ORDER TIME : 1:12 PM ORDER NO. : 512003-135 CUSTOMER NO: 7452534 FOREIGN FILINGS NAME: HCP OVIEDO, LLC XXXX QUALIFICATION (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 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HCP Oviedo, LLC	
(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 of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	:n
Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
5. Perpetual (Date of Organization) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
FS 8	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	\overline{u}
3760 Kilroy Aiport Way, Suite 300, Long Beach, CA 90806 (Street Address of Principal Office)	M
(Street Address of Principal Office)	
If limited liability company is a manager-managed company, check here	•
The name and usual business addresses of the managing members or managers are as follows:	
FAEC Holdings (EP), LLC, a Delaware limited liability company	
3760 Kilroy Aiport Way, Suite 300, Long Beach, CA 90806	
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tanslation of the certificate under oath of the translator must be submitted.)	n
1. Nature of business or purposes to be conducted or promoted in Florida: Ownership, operation	
and development of real estate.	
Rsin 1 1/m	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Brian J. Maas, Senior Vice President of LAEC HOWING (FP)	ı (
Brian J. Maas, Senior Vice President of FAEC Hollings (EP), LI Typed or printed name of signee its sole member	. ك

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 Liability Con	npany is:
HCP Ovied	o, LLC	
If name unav	ailable, the alternate name to	be used in the state of Florida is:
2. The name	and the Florida street addres	ss of the registered agent and office are:
	Corporation Service (Company
		(Name)
	1201 Hays Street	
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)
	Tallahassee	FL 32301
		City/State/Zip
liability comp agent and agr relating to the obligations of	any at the place designated in the to act in this capacity. I full proper and complete perform my position as registered age in Service Company	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as registere wither agree to comply with the provisions of all statutes mance of my duties, and I am familiar with and accept the ent as provided for in Chapter 608, Florida Statutes. Inine Reynolds As its agent
	\$ 100.0	
	\$ 25.0 \$ 30.0	5 5
	\$ 50	

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCP OVIEDO, 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 SAID "HCP OVIEDO, LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2008.

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

4528140 8300

080387029

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 6497624

DATE: 04-03-08

Varnet Smile Windson

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