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OIVISION OF CORPORATION

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10-26-2011

NAME:

THP ST. ISABEL NOTE, LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT **BUSINESS IN FLORIDA**

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

SUBJECT: THP St. Isabel Note, LLC

	ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter	er to the following:
BJ Parrish	
	Name of Person
Cibolo Creek Partners, LLC	;
	Firm/Company
400 West Illinois Avenue,	Suite 950
M	Address
Midland, Texas 79701	
	City/State and Zip Code
bparrish@cibolocreekpa E-mail address: (to b	artners.com be used for future annual report notification)
For further information concerning this matter, please	call:
BJ Parrish	_{at (} 432 ₎ 685-0169
Name of Person	Area Code & Daytime Telephone Number
Division of Corporations Registration Section - R	STREET ADDRESS: Division of Corporations Registration Section
Tallahassee, FL 32314	Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_{\text{\$125.00 Filing Fee}} \int_{\text{\$130.00 Filing Fee}} \text{\$\int_{\text{\$Certificate of Status}}}\$	

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO	0,00	
TRANSACT BUSINESS IN FLORIDA	OF STATE	
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	CALLED CONTRACTOR	
THP St. Isabel Note, LLC	<i>O</i>	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "Ld.C.," or "Ld.C.")		
(Frame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Lumited Liability Company," "L.L.C." "LLC.")		
2 Delaware 3.		
(Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, if applicable)		
4. October 21, 2011 5. perpetual		
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6. N/A		
(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)		
7 400 West Illinois Avenue, Suite 950		
Midland, Texas 79701 (Street Address of Principal Office)		
'		
8. If limited liability company is a manager-managed company, check here 🗸		
9. The name and usual business addresses of the managing members or managers are as follows:		
Trident Healthcare Properties I, L.P., sole member		
400 West Illinois, Suite 950, Midland, Texas 79701		
Too Wood Intition, Gallo Goo, Minintity, Toxas 70101		
10. 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 manslation of the certificate under oath of the translator must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Florida: Real Property Investing		
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. I am aware that any false information submitted in a		
document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.)		
BJ Parrish		
Typed or printed name of signee		

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 Company is:
THP St. Isabel Note, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
NRAI Services, Inc.
(Name)
515 East Park Avenue
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee _{FL} 32301
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. NRAI Services, Inc. By: (Signature) Gwendolyn Andrews, Special Assistant Secretary
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent \$ 30.00 Certifled Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THP ST. ISABEL NOTE, 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 TWENTY-FIRST DAY OF OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THP ST.

ISABEL NOTE, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER,

A.D. 2011.

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

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AUTHENTY CATION: 9107344

DATE: 10-21-11