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ACCOUNT NO. : 12000000195

REFERENCE : 682699

5168074

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: June 11, 2013

ORDER TIME : 11:51 AM

ORDER NO. : 682699-010

CUSTOMER NO: 5168074

#### FOREIGN FILINGS

NAME: LA POSADA ASSOCIATE GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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

I RAINACI DUSI	NESS IN FLORIDA
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	S. THE FOLLOWING IS SUBMITTED TO REGISTER A-POREIGN
1 La Posada Associate Group, LLC	SIAILOI TEMBA.
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC."
	2
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 6-11-2013	Perpetual
4. <u>6-11-2013</u> 5. (Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5	
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
5790 Fleet Street, Suite 300, Carlsbad, CA 92008	, , , , , , , , , , , , , , , , ,
, <u> </u>	
•	
(Street Address of	Principal Office)
3. If limited liability company is a manager-managed co	ompany, check here
D. The name and usual business addresses of the manage	ging members or managers are as follows:
Horizon LP UV Lender, LLC, a Delaware limited liability	company
5790 Fleet Street, Suite 300	
Carlsbad, California 92008	
O. Attached is an original certificate of existence, no more than 90 dane jurisdiction under the law of which it is organized. (A photocopy anslation of the certificate under oath of the translator must be subm	
1. Nature of business or purposes to be conducted or p	promoted in Florida:
- $        -$	
- Ruhukey Apple	
	orized representative of a member.
(In accordance with section 608.408(3), F.S., the executi	on of this document constitutes an affirmation under the
	I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Kimberly Hynek

## 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.

The name of the Limited Liability Company is:			T i		
La Posada Associate Group, 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:				ယ	<b>4.</b> 3
		÷	MASSEE.	NI2 A	
		7-u *	A DRIVE	AM 10: 25	, ,
•	Corporation Service Company				
	(Name)				
	1201 Hays Street				
w x	Florida Street Address (P.O. Box NOT ACCEPTABLE)			ومان دارها	
	Tallahassee 32301				
	City/State/Zip	<del></del>			

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.

Sue G. Knight

Corporation Service Company

Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

#### **COVER LETTER**

Division of Corporations	
	•
TO: Registration Section Division of Corporations  La Posada Associate Group, LLC	
Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certain Company for Authorization to Transact Business in Florida, "Certain Company for Authorization to Transact Business in Florida," Certain Company for Authorization to Transact Business in Florida, "Certain Company for Authorization to Transact Business in Florida," Certain Company for Authorization to Transact Business in Florida, "Certain Company for Authorization to Transact Business in Florida," Certain Company for Authorization to Transact Business in Florida, "Certain Company for Authorization to Transact Business in Florida," Certain Company for Authorization to Transact Business in Florida, "Certain Company for Authorization to Transact Business in Florida," Certain Company for Authorization to Transact Business in Florida, "Certain Company for Authorization to Transact Business in Florida," Certain Company for Authorization Compan	<i>‡</i>
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Center Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in	aca Tric
	<u>ي</u> س
Please return all correspondence concerning this matter to the following:	-
Vicki Wallace	
Name of Person	
Kisco Senior Living LLC	
Firm/Company	
Suite 300 5790 Fleet Street	
Address	
Carlsbad, CA 92008	
City/State and Zip Code	
Vicki.Wallace@kiscosl.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vicki Wallace 760 804-7010	٠
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: STREET ADDRESS:	
Division of Corporations Division of Corporations	
Registration Section Registration Section	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certification	te
Certificate of Status Certified Copy of Status & Certified Copy	

## Delaware

PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LA POSADA ASSOCIATE GROUP, 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 TWELFTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LA POSADA ASSOCIATE GROUP, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2013.

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

5349011 8300

130765288

Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 0504424

DATE: 06-12-13

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