

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: C T CORPORATION SYSTEM Account Name

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Foreign Limited Liability Company ROC Seniors Housing Fund Manager, LLC

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Corporate Filing Menu

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K. SALY EXAMINER

9/24/2013

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COVERLETTER

	tion Section of Corporations				
ROG	C Seniors Housing F	und Manuger, LLC			
SUBJECT:	, . _ .	Name of Lim	ited Liability Company	THE WAY OF THE WAY	
The enclosed "Af Existence, and ch	plication by Foreign eck are submitted to	Limited Liability Confregister the above refere	oany for Authorization to Tra enced foreign limited liability	usant Business in Florida," Certificate of yempany to transact business in Florida	
Please return all c	orrespondence cons	rning this matter to the	following:	•	
	Brandy Williams				
	•		me of Person	100 to 10	
	Bridge Investment G	V	•		
•			m/Company	······································	
	5295 So. Commerce	Drive, Suite 100			
		w w	Address		
, .	Murray, Utah 84107				
•		City/St	ate and Zip Code		
1	h.williams@bridge-i	~			
•-	E-n	nail address: (to be used	for future annual report noti	fication)	
For further inform	nation concerning thi	s matter, pleuse call:			
Brandy	Williams		K01 716-54	27	
	Name of Po	erson Area	Code & Daytime Telephone	e Number	
	NG ADDRESS:		T ADDRESS:	•	
			Division of Corporations Registration Section		
P.O. Box 6327			Clifton Building		
Tollahas	see, FL 32314		kecutive Center Circle ssee, FL 32301		
Enclosed is a c	heck for the follo	wing amount:			
	(N) Filing Fee 💢 🖪	\$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160,00 Filing Fee, Certificate of Status & Certified Copy	



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

IN COMPLIANCE WITH SECTION (08503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTITE STATE OF FLORIDA:

IJλ	ATED LLABITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FILIRIDA:
1.	ROC Seniors Housing Fund Manager, LLC (Name of Fureign Limited Diability Company; must include "Limited Liability Company," "LLC." or "LLC.")
CDI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability appart," "L.L.C." "LI.C."
2 i	Delaware 3
7	Jurisdiction under the law of which foreign limited liability (FI:I number, if applicable) company is organized)
4.	September 10, 2013 September 10, 2013
••	(Date of Organization) (Duration: Year limited liability company will ecase to exist or "perpetual")
б.	October 2013
ν.	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)
7.	5295 Sn. Commerce Dr., Ste. 100
	Murray, Uteh 84107
	(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:
	Dean Allara- 5295 So. Commerce Dr., Stc. 100 / Murray, Utah 84107
	Jonathan Sluger - 5295 So. Commerce Dr., Ste. 100 / Mutray, Utah 84107
	Donaldson Hartman - 5295 So. Commerce Dr., Ste. 100 / Murray, Utoh 84107
1 re	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a skation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Senior Housing Fund Manager
	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 flees stated hereis are true 1 am aware that any fulse information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in s.817.155, F.S.) Donaldson Hartman Typed or printed name of signee
	Thee or brince mane 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 Compuny is: ROC Seniors Housing Fund Manager, LLC			
If unavailable, th	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:	· <u> </u>	
	C T Corporation System		
	(Name)		
	1200 South Pine Island Road		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation FL 33324		
	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.

C T Corporation System

(Signature

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (aptional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "ROC SENIORS HOUSING FUND MANAGER, 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-THIRD DAY OF SEPTEMBER, A.D. 2013.

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

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You may worify this cortificate online at corp.delaware.gov/authver.shtml

DATE: 09-23-13