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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone : (407)650-1000

Fax Number

: (407)540-2699

Enter the email address for this business entity to be used for Entere annual report mailings. Enter only one email address please.

Foreign Limited Liability Company CHP Albany-Cambridge Terrace OR Owner, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

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Help

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

IN COMPUANCE WITH SECTION 608503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	IE STATE OF FLORIDA:	, oge. gri
1. CHP Albany-Cambridge Terrace OR Ow (Name of Foreign Limited Liability Company; must include the company).	ner, LLC	
(Name of Foreign Limited Liability Company; must inclu	ude "Limited Liability Company," "L.L.C.," or "LLC.")	
70		
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte		
Company," "L.L.C," "LLC.")		
2. Delaware	46-3823862	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
	_{5.} perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
_{6.} upon qualification		246.
(Date first transacted business in F)	orlda, if prior to registration.)	me
(See sections 608,501 & 608,502 F.S	committee of the contract of t	njamer :
_{7.} 450 S. Orange Avenue, Orlando, Fl	L 32801 변호 구기 : 포	
PO Box 4920, Orlando, FL 32802-4	.920 විදි නූ	1
(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 man	naging members or managers are as follows:	
Holly J. Greer, 450 S. Orange Aver	nue, Orlando, FL 32801	
Joseph T. Johnson, 450 S. Orange	Avenue, Orlando, FL 32801	
Stephen H. Mauldin, 450 S. Orange	e Avenue, Orlando, FL 32801	
10. Attached is an original certificate of existence, no more than 90	described the authorities and by the afficial having custody of my	comie in
the jurisdiction under the law of which it is organized. (A photoco		WIGG III
ranslation of the certificate under oath of the translator must be sub	bmitted.)	
11. Nature of business or purposes to be conducted o	r promoted in Florida:	
owner/lessor of senior living facility		
Tour Tour	wall	
	Ithorized representative of a member. cution of this document constitutes an affirmation under the	
penalties of perjury that the facts stated herein are tri	ue. I am aware that any false information submitted in a s a third degree felony as provided for in s.817.155, F.S.)	
•		

Typed or printed name of signee

Amy J. Patterson

1. The name of the Limited Liability Company is:

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.

CHP Alb	any-Cambridge Terrace OR Owner, LLC	<u> </u>
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name at	nd the Florida street address of the registered agent and office are:	
	Amy J. Patterson	2013 NOV . SECRETA TALLAHAS
	450 S. Orange Avenue)
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	ਦੀ ਨੂੰ ਕੂ ਵਿੱਚ ਕੂ
	Orlando FL 32801 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.

(Signature)

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP ALBANY-CAMBRIDGE TERRACE OR OWNER, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP ALBANY-CAMBRIDGE TERRACE OR OWNER, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2013.

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

5400182

131096836

DATE: 09-17-13

State of Delaware Secretary of State Division of Corporations Dalivered 01:25 PM 09/17/2013 FILED 01:11 PM 09/17/2013 SRV 131096836 - 5400182 FILE

STATE of DELAWARE CERTIFICATE OF FORMATION OF

CHP ALBANY-CAMBRIDGE TERRACE OR OWNER, LLC A DELAWARE LIMITED LIABILITY COMPANY

FIRST: The name of the limited liability company is CHP Albany-Cambridge
Terrace OR Owner, LLC.

SECOND: The address of the limited liability company's registered office in the State of Delaware is National Registered Agents, Inc., 160 Greentree Drive, Suite 101, Dover, Delaware 19904, and the name and address of the registered agent of the limited liability company in the State of Delaware is National Registered Agents, Inc., 160 Greentree Drive, Suite 101, Dover, Kent County, Delaware 19904.

IN WITNESS WHEREOF, the undersigned has executed this Cartificate of Formation this 31 day of September, 2013.

AUTHORIZED PERSON:

Amy J. Betterson