

26/2014 10:40 From To 8506176383 (1/6)
Division of Corporations Page 1 of 1
#14000004551

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please obtain original filing
date of submission 6/25

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

Email Address: _____

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14 JUN 26 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
S-H Opco Gainesville, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05/6
Estimated Charge	\$160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 25 AM 10:15

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UNABLE TO GIVE 24th DATE, WAS FAXED AFTER
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6/26/2014 10:09:40 From: To: 8506176383

(2/6)

850-817-8381

8/26/2014 9:59:43 AM

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1/001 Fax Server



June 26, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: S-H OPCO GAINESVILLE, LLC
REF: W14000039823

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000151940
Letter Number: 714A00013876

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT

Place initials and date of filing
date of submission 6/25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S-H OpCo Gainesville, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jamie Curry

Name of Person

Brookdale Senior Living Inc.

Firm/Company

111 Westwood Place, Suite 400

Address

Brentwood, TN 37027

City/State and Zip Code

jcurry1@brookdale.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Curry

Name of Contact Person

at (615)

Area Code

221-2250

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 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
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. S-H OpCo Gainesville, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-3068069

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 111 Westwood Place, Suite 400

Brentwood, TN 37027

(Street Address of Principal Office)

6. _____

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Bryan D. Richardson; Executive Vice President and Chief Administrative Officer of Brookdale Senior Living Inc., which

is the managing member of BKD RIDEA OpCo HoldCo Member, LLC, which is the managing member of S-H OpCo

Gainesville, LLC; 111 Westwood Place, Suite 200, Brentwood, TN 37027

8. 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 translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, 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 felony as provided for in s.817.155, F.S.)

Bryan D. Richardson

Typed or printed name of signee

FILED
2014 JUN 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

S-H OpCo Gainesville, 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:

CT 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 605, Florida Statutes.

By: CT Corporation System

(Signature)

Connie Bryan

Connie Bryan
Assistant Secretary

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

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2014 JUN 25 AM 10:15
TALLAHASSEE, FLORIDA
STATE SECRETARY OF STATE

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S-H OPCO GAINESVILLE, 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-FOURTH DAY OF JUNE, A.D. 2014.

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

5527470 8300

140878383

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1482485

DATE: 06-24-14