(1/5)

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### Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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(((H14000155441 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name ; C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company SLH Tampa Bay Manager, LLC

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Corporate Filing Menu

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#### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SLH Tampa Bay Manager, LLC	· C		
Schaetti	Name of Limited Liability Company		
The enclosed "Application by Foreign Limite Existence, and check are submitted to register			
Please return all correspondence concerning t	his matter to the following:		
Maria Principe c/o DLA Pi	per LLP (US)		
	Name of Person		
DLA Piper LLP			
	Firm/Company	<u></u>	
203 N. LaSalie Street, Suite	s 1900		
	Address		
Chicago, IL 60601			
<u> </u>	City/State and Zip Code		
slevy@scniorlifestyle.com			
E-mail a	ddress: (to be used for future annual report t	notification)	
For further information concerning this matter	r, please call:		
Stephen J. Levy, Manager	at(312) 67	73-4387	
Name of Contact Pe		Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	·	Caul Y
Division of Corporations	Division of Corporations		E [m]
Registration Section	Registration Section	`,	- J
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	• • •	
	1 Minuspec, FL 32301	<u>'"</u>	one in the second
Enclosed is a check for the following	amount:	9:	D from
☐ \$125.00 Filing Fee ☐ \$130.0	0 Filing Fee & S155.00 Filing Fe cate of Status Certified Copy	e & 🔲 \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SLH Tampa Bay Manager, LLC		_
.(Name of Foreign Limited Liability Company; must include "Liability Company," "LLC.," or "LL	ניים	
(If name unavaliable, enser alternate name adopted for the purpose of transacting business in Florida. The alternate name in Liability Company," "L.L.C," or "LLC.")	nust include "Lir	mited
47-1212450		
2. Illinois (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)		-
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605.0905, P.S. to determine penalty liability)		-
5. 111 B. Wacker Drive, Suite 2200		_
Chicago, IL 60601		_
(Street Address of Principal Office)		
6. 111 E. Wacker Drive, Suite 2200	(	_
Chicago, 1L 60601		4
Chicago, 12 00001 (Mailing Address)	27.7	- im 122
7. The name, title or capacity and address of the person(s) who has/have authority to mana-	ge is/are:	LC 2.
Stephen J. Levy, Manager, 111 E. Wacker Drive, Suite 2200, Chicago, IL 60601	1111	- 174 12
Jerrold H. Frumm, Manager, 111 E. Wacker Drive, Suite 2200, Chicago, IL 60601	<u> </u>	- <del>;</del>
William B. Kaplan, Manager, 111 B. Wacker Drive, Suite 2200, Chicago, IL 60601 Jon Deluca, Manager, 111 E. Wacker Drive, Suite 2200, Chicago, IL 60601	<u></u>	. ā
8. Attached is an original certificate of existence, no more than 90 days old, duly authentical having custody of records in the jurisdiction under the law of which it is organized. (A photoacceptable. If the certificate is in a foreign language, a translation of the certificate under our must be submitted)	ocopy is not	
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 am aware that any false information submitted in a document to the Department of State constitutes at third degree follows as provided for	the Gens stated has in s.827,155, F.S.	rein are true. I .)
Stephen J. Levy, Manager		
Typed or printed name of signee		

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

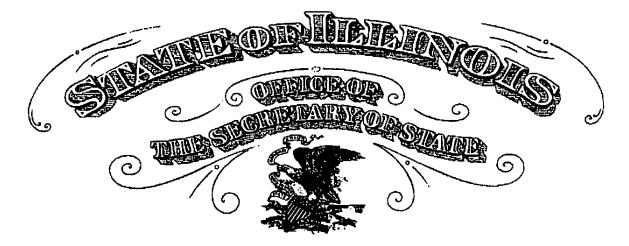
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

<u> </u>	Say Manager, LLC	d in the state of Florida is:	
2. The nam	e and the Florida street as	idress of the registered agent and o	office are:
	C T Corporation System	1	
		(Name)	 {
	1200 South Pine Island	Road	Mr.
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE	<b>B</b> )
	Plantation	Fr. 33324	
		City/State/Zip	
ability com egistered a tatutes rela	pany at the place designa gent and agree to act in th fing to the proper and con	nt and to accept service of process ted in this certificate, I hereby acce its capacity. I firther agree to com nplete performance of my duties, a as registered agent as provided for	ept the appointment assisting ply with the provisions of all and I am familiar with and
	C T Corporation Syst	(Signature)	Connie Bryan Pasiatant Semeta
	S	00.00 Filing Fee for Application 25.00 Designation of Registere 30.00 Certified Copy (optional	on ed Agent

\$ 5.00 Certificate of Status (optional)

### File Number

0487118-9



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SLH TAMPA BAY MANAGER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 25, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1417802254

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, Thereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH

day of

JUNE

A.D.

2014

Desse White

SECRETARY OF STATE