PAGE 01/04

Page 1 of 2

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000213649 3)))



H140002136493ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CARTER VALIDUS
Account Number : I20140000038
Phone : (813)287-0101
Fax Number : (813)267-0397

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

Email Address:

+ SEP 11 AM 8: 50
PISION OF CORPORATION
BREAU OF COMMERCIAL
FORMATION SERVICES

Foreign Limited Liability Company HCII-7375 Cypress Gardens Boulevad, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

14 SEP II MM 8: 25

Electronic Filing Menu

Corporate Filing Menu

Help

8132870397

H140002136493

## 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. HCII-7375 Cypress Gardens Boulevard, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. Liability Company," "L.I.C," or "LLC.")	The alternate name must include "Limited
2. Delaware 3	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI n	umber, if applicable)
4	
(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty lia	1.) bility)
5. 4890 W. Kennedy Blvd., Suite 650	
Tampa, FL 33609	
(Street Address of Principal Office)	-
6. 4890 W. Kennedy Blvd., Suite 650	
Tampa, FL 33609	
(Mailing Address)	w. <b>.</b>
7. The name, title or capacity and address of the person(s) who has/have at	nthority to manage is/age:
John Carter, Member	SR SR
Comit Carter, Morrison	
	S N
·	TO 3 (1)
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 org	anized. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of the cert	ificate under oath of the translator
must be submitted)	
19/2	,
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the am aware that any false information submitted in a document to the Department of State constitutes a third degree	penalties of perjury that the facts stated herein are true to felony as provided for in 5.817,155, F.S.)
Lisa A. Drummond	

Typed or printed name of signee

H140002136493

## 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:

8132870397

HCII-7375	Cypress	Gardens	Boulevard,	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:

Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee 32301 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.

(Signature)

Emily Dray

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

· H140002136493



PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HCII-7375 CYPRESS GARDENS

BOULEVARD, 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 EIGHTH DAY OF

SEPTEMBER, A.D. 2014.

14 SEP II AM 8: 25
SECRETARY OF STATE

H140002136493

5599426 8300

141151324

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

AUTHENTY CATION: 1679358

DATE: 09-08-14