10/2/2014 10:49:30 From: To: 8506176383



Page 1 of 1

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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 SLDI 2013 Holdings, LLC

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OCT 03 2014

S. YOUNG

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•	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: SLDI 2013 Holdings, LLC	
	Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter	to the following:
Maria Principe	Name of Person
	Votte of Leason
DLA Piper LLP (US)	Di wa
	Firm/Company
203 N. LaSalle Street, Suite 1900	Address
	Vinties
Chicago, IL 60601	City/State and Zip Code
For further information concerning this matter, please co	
Maria Principe Name of Contact Person	at (312) 368-3404 Area Code Daytime Telephone Number
MAILING ADDRESS: S Division of Corporations D Registration Section R P.O. Box 6327 C Tallahassee, FL 32314 26	TREET ADD RESS: Ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301
Enclosed is a check for the following amount: \$\sigma \$\sigma \text{\$\exitit{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$	tus Certified Copy of Status & Certified Copy
	1.00 -2 R 3 1.00 -2 R 3 1.00 -2 R 3
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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:

POREGO LIMITED HABILITY COMPANY TO TRANSAC	I BUSINESS IN THE STATE OF FLORIDA:	
1. SLDI 2013 Holdings, LLC (Name of Foreign Limited Lightitiv Company; must inc	clude "Limited Liability Company," "L.L.C.," or "LLC,")	
Vicinity of the state of the st	man animo annigry company, and an and /	
(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name must include	"Limited
2. Illinois	3. 47-1927833	
(Jurisdiction under the law of which foreign limited liability company is organized)	(Fl31 number, if applicable)	
4. upon registration		
(Date first transacted business i (See sections 605.0904 & 605.090	in Florida, if prior to registration.) 5, F.S. to determine penalty liability)	
5. 303 E. Wacker Drive, Suite 2400		
Chicago, IL 60601		
(Street Addre	ess of Principal Office)	
6. 303 E. Wacker Drive, Suite 2400		
Chicago, IL 60601		
(Mai	iling Address)	
7. The name, title or capacity and address of the pe	rson(s) who has/have authority to manage is/are:	
Senior Lifestyle Development Investors 2013, LLC, Manager		
303 E. Wacker Drive, Suite 2400		
Chicago, IL 60601		
Attached is an original certificate of existence, no having custody of records in the jurisdiction under the	more than 90 days old, duly authenticated by the	official
acceptable. If the certificate is in a foreign language,	a translation of the certificate under oath of the	translator
must be submitted)	, <u></u>	
- Ohy		S =
Signature of On accordance with section 605.0203, F.S., the execution of this document of	an authorized person positives an affirmation under the penalties of perjury that the facu state	d hejoin are true. I
am aware that any false information submitted in a document to the Departme	ent of State constitutes a third degree fetony as provided for in 1.217.155,	PS) B
Stephen J. Levy, Authorized Person	n E	
Typed or print	ed name of signee	
	1.	
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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.

l. The name	of the Limited Liability Company is:			
SLDI 2013 Hol	ldings, LLC			
If unavailable, the alternate to be used in the state of Florida is:				
. The name	and the Florida street address of the registered agent and office are:	<u></u>		
	C T Corporation System			
	(Name)	_		
	1200 South Pinc Island Road	_		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation FL 33324	-		
	Clty/State/Zip			
iability comp egistered ago tatutes relati	named as registered agent and to accept service of process for the above cany at the place designated in this certificate, I hereby accept the appoin ent and agree to act in this capacity. I further agree to comply with the p ing to the proper and complete performance of my duties, and I am famili ligations of my position as registered agent as provided for in Chapter 60	tment as provisions of all provisions of all provisions of all provides of the control of the co		
	By: (Signature)	-2 m 3		
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	29		

File Number

0499344-6



To all to whom these Presents Shall Come, Greeting:

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

SLDI 2013 HOLDINGS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 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 #: 1427501048 Authenticate at: http://www.cyberdrivgillingls.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND

day of OCTOBER

A.D.

SECRETARY OF STATE