

10/30/2014

From To 850 617 6383

Division of Corporations

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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
SLH North Shore Management, LLC

Certificate of Status	0
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLH North Shore Management, 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:

Maria Principe
Name of Person

DLA Piper LLP (US)
Firm/Company

203 N. LaSalle Street, Suite 1900
Address

Chicago, IL 60601
City/State and Zip Code

slevy@seniorlifestyle.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Maria Principe at (312) 368-3404
Name of Contact Person Area Code 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 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 North Shore Management, 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. Illinois 3. 46-5095338
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)


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

5. 303 E. Wacker Drive, Suite 2400
Chicago, IL 60601
(Street Address of Principal Office)

6. 303 E. Wacker Drive, Suite 2400
Chicago, IL 60601
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Stephen J. Levy, Manager, 303 E. Wacker Drive, Suite 2400, Chicago, IL 60601
William B. Kaplan, Manager, 303 E. Wacker Drive, Suite 2400, Chicago, IL 60601
Jerrold H. Frumou, Manager, 303 E. Wacker Drive, Suite 2400, Chicago, IL 60601
Jon DeLuca, Manager, 303 E. Wacker Drive, Suite 2400, Chicago, IL 60601

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.)

Stephen J. Levy, Authorized Person
Typed or printed name of signee

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DEPARTMENT 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:

SLH North Shore Management, 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:

C T Corporation System

 (Name)

1200 South Pine Island Road

 Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324

 City/State/Zip

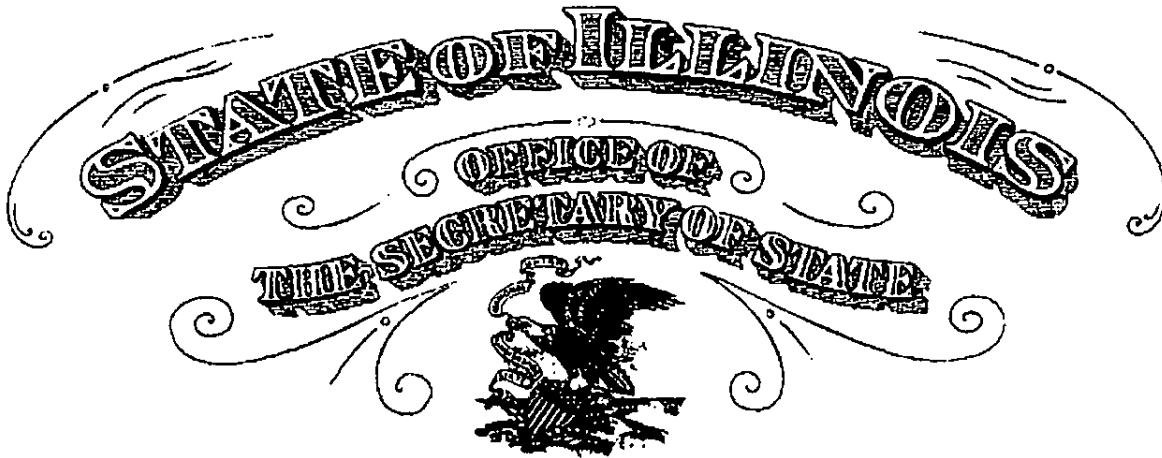
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 TALLAHASSEE, FLORIDA

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.

C T Corporation System James M. Halpin
 By: _____ Assistant Secretary
 (Signature)

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

File Number 0473452-1



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 NORTH SHORE MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 12, 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 #: 1430202692

Authenticate at: <http://www.cyberdrivellinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of OCTOBER A.D. 2014 .

Jesse White

SECRETARY OF STATE