# #11/4000008612

(Requestor's Name)					
(Address)					
(Address)					
· · · · ·					
(City/State/Zip/Phone #)					
(City/State/Zip/Prione #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special magracions to 1 ming officer.					
}					
}					

Office Use Only



000264876520

FILED 2014 DEC -3 AM 9: 26 SECRETARISEE, FLORIDA

RECEIVED
RECEIVED
RECEIVED

EXAMINER DEC - 4 2014

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12-03-14

NAME:

GRANITE GOOSE MOB MANAGERS, LLC

TYPE OF FILING: FOREIGN LIMITED LIABILITY COMPANY

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Tu = 15t

#### **COVER LETTER**

	tration Section ion of Corporations					
SUBJECT:	Granite Goose MOB Manag					
Name of Limited Liability Company						
Existence, and	check are submitted to register the a	sility Company for Authorization to Transact E bove referenced foreign limited liability compa				
Please return al	I correspondence concerning this ma	itter to the following:				
	Stephanie Toliver					
Name of Person						
	HealthCap Partners					
	Firm/Company					
	5910 N. Central Expressway, Suite 1000					
		Address				
	Dallas, TX 75206					
City/State and Zip Code						
st@healthcappartners.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Steph	nanie Toliver	at (214 ) 953-1722  Area Code Daytime Telep				
<del></del>	Name of Person	Area Code Daytime Telep	hone 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				
	check for the following amount .00 Filing Fee \$130.00 Filing Certificate of \$100.00 files	Fee & \$\sum \$155.00  Filing Fee & \$\sum \$16	0.00 Filing Fee, Certificate 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF	FFLORIDA:	
(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 transactions of the managers or managing members adopting the alternate name. Company," "L.L.C," "LLC.")		
2. Texas 3. 47-239	96559	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	HALLY OF
4. (Date first transacted business in Florida, if prio	or to registration.)	<u> </u>
(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to deten	mine penalty liability)	ည်
5. 5910 N. Central Expressway, Suite 1000	SEA C	3
Dallas, TX 75206	. 7.	(5) 25/
(Street Address of Principal	Office)	BACK TO
6. 5910 N. Central Expressway, Suite 1000		-₹* 
Dallas, TX 75206		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who	has/have authority to manage is/are:	
Chrisman Jackson, Manager		
5910 N. Central Expressway, Suite 1000		<del>-</del>
Dallas, TX 75206		
8. Attached is an original certificate of existence, no more than 90 days old, duly in the jurisdiction under the law of which it is organized. (A photocopy is not an translation of the certificate under oath of the translator must be submitted.)  Signature of an authorized (In accordance with section 605.0203, F.S., the execution of this document to the Department of State constitutes a third degree Chrisman Jackson	d person  cument constitutes an affirmation under the e that any false information submitted in a ece felony as provided for in s.817.155, F.S.)	econds La
Typed or printed name of si	ignee	

# 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 Compa	my is:		
Granite Goose MOB Managers, LLC			
If unavailable, the alternate to be used in the	state of Florida i	s:	
2. The name and the Florida street address o	f the registered a	gent and office are:	
National Corp	oorate Research, (Name)	Ltd., Inc.	THE THE
155 (	SSEE BY		
Florida Street Addr			g. 26 FLORID
Tallahassee	FL City/State/Zip	32301	

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.

 $\mathcal{O}$ 

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



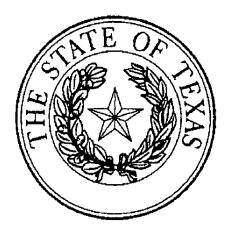
### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Granite Goose MOB Managers, LLC (file number 802084183), a Domestic Limited Liability Company (LLC), was filed in this office on October 16, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 02, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

ax; (512) 463-57 TID; 10264 Dial: 7-1-1 for Relay Services Document: 580523310004

Phone: (512) 463-5555 Prepared by: SOS-WEB