

M15000003865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

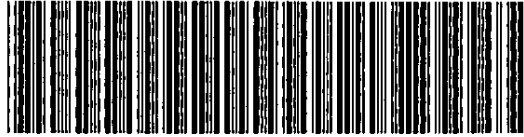
Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

~~W15-24662~~

Office Use Only



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03/17/15--01032--003 **130.00

FILED
15 MAR 17 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 18 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chancellor Health Trust 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:

Office of the Comptroller

Name of Person

Chancellor Health Trust

Firm/Company

PO Box 1030

Address

Palm Beach, FL 33480

City/State and Zip Code

comptroller@chancellorhealthtrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Comptroller

Name of Contact Person

at (**561**)

Area Code

422-4248

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



March 9, 2015

Chancellor Health Trust LLC
PO Box 1030
Palm Beach, FL 33480

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Administrator[Recipient Name]:

Enclosed please find our application to register a foreign limited liability company - Chancellor Health Trust LLC. We have included a check for \$130 to cover the filing fee, designation of Registration Agent and certificate of status.

Thank you,

A handwritten signature in black ink, appearing to read "D. Douglas". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

D. Douglas
VP Business Development



April 28, 2015

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Chancellor Health Trust LLC
Ref #: W15000024662
Letter #: 215A00007070

Dear Administrator:

I am writing in response to your letter dated April 9, 2015 regarding foreign corporation filing for Chancellor Health Trust LLC.

Please note that Chancellor Health Trust Inc. P13000043157 and Chancellor Health Trust LLC W15000024662 have the same principals. Therefore an alternate name is not required.

Regards,

A handwritten signature in dark ink, appearing to read "D. B. Woodbine". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

D. B. Woodbine
Secretary



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2015

OFFICE OF THE COMPTROLLER
CHANCELLOR HEALTH TRUST
PO BOX 1030
PALM BEACH, FL 33480

SUBJECT: CHANCELLOR HEALTH TRUST LLC
Ref. Number: W15000024662

RECEIVED
15 MAY -5 AM 8:27
TALLAHASSEE, FLORIDA

We have received your document for CHANCELLOR HEALTH TRUST LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign ✓
entity authorized to transact business in Florida. Please correct the document accordingly.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the ✓
abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 215A00007070

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Chancellor Health Trust 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. **State of Delaware**

(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, F.S. to determine penalty liability)

5. **1850 SE 17th St., Suite D**

Ft. Lauderdale, FL 33316

(Street Address of Principal Office)

6. **PO Box 1030**

Palm Beach, FL 33480

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

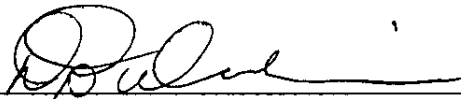
The Chancellor Group Holdings Ltd - President

PO Box 1030

Palm Beach, FL 33480

FILED
15 MAR 17 PM 12:20
STATE
TREASURY
FLORIDA

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.)



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.

1. The name of the Limited Liability Company is:

Chancellor Health Trust 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:

Chancellor Health Trust, Inc.

(Name)

1850 SE 17th St., Suite D

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

Ft. Lauderdale

FL 33316

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)

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

Delaware

PAGE 1

The First State

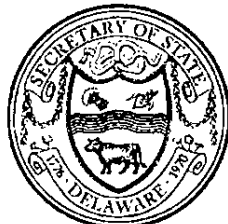
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHANCELLOR HEALTH TRUST LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHANCELLOR HEALTH TRUST LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2014.

5656025 8300

141609962



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2002218

DATE: 12-31-14