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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Number: 113615003626

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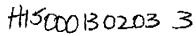
Foreign Limited Liability Company CHP Oxford NC MOB Owner, LLC

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Corporate Filing Menu

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

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

4			ability Company," "L.L.C.," o	
iability Company," "L.L.C,"	iternate name adopted for the purp " or "LLC.")	ose of transacting busine	as in Florida. The alternate n	eme must include "Limited
Deleware		3. applied for		
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u></u>	(FEI number, if applicab	le)
upon qualification				
·	(Date first transacted bus (See sections 605.0904 & 6	iness in Florida, if prior t	o registration.)	
450 S. Orange Avenue		03.0700(t 10.110 dottal///(t	to postately state that the postate of the postate	
Orlando, FL 32801				
	(Street Address o	of Principal Office)	***	Didmen
PO Box 4920				_
Orlando, FL 32802-492	20			74 5 many
		ng Address)		
Name and street addres	ss of Florida registered agent:	(P.O. Box NOT accer	table)	To the I grand
***************************************	Amy J. Patterson		•	Sign -
Name:			-	司事 重 引
Office Address:	450 S. Orange Avenue		_	ES ?
	Orlando		, Florida	
legistered agent's accep	(City)		(Zip code)	7
reference in the court of transfer	egistered ogent and to accept s	ervice of process for a	re upove statea corporate oo to act in this canacity.	m at the place acoignaiss in
laving been named as re its application, I hereby ith the provisions of all the obligations of my post	accept the appointment as reg statutes relative to the proper ltion as registered agent.	gistered agent's signature	ance of my duties, and I	I further agree to comply
laving been named as re his application, I hereby with the provisions of all he obligations of my post B. The name, title or capa	accept the appointment as reg statutes relative to the proper ition as registered agent.	gistered agent's signature	ance of my duties, and I	I further agree to comply
laving been named as re- his application, I hereby with the provisions of all- he obligations of my post B. The name, title or capa Holly J. Greer, Manager,	accept the appointment as reg statutes relative to the proper ltion as registered agent. (Rel acity and address of the person	gishered agent's signature (s) who has/have authority, FL 32801	ance of my duties, and I	I further agree to comply
laving been named as re- his application, I hereby with the provisions of all he obligations of my post 3. The name, title or capa Holly J. Greer, Manager, Stephen H. Mauldin, Man	accept the appointment as reg statutes relative to the proper ition as registered agent. (Region and address of the person 450 S. Orange Avenue, Orland	gishered agent's signature (s) who has/have authority, FL 32801 Orlando, FL 32801	ance of my duties, and I	I further agree to comply

Typed or printed name of signec

degree felony as provided for in s.817.155, F.S.)

Amy J. Patterson

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CHP OXFORD NC MOB OWNER, 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 TWENTIETH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP OXFORD NC MOB OWNER, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2015.

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

57**51410 8300**

150726264

Jeffrey W. Bullock, Secretary of: AUTHENTYCATION: 2396713

DATE: 05-20-15

At corp.delaware.gov/suthrar.shtml