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To:

Division of Corporations

Fax Number : (850)617-6381

Please retain original filing date of submission 6/23

From:

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Account Number: FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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6/23/2015

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6/24/2015 9:41:02 AM From: To: 8506176381(3/6)
850-817-6381 6/24/2015 8:50:33 AM PAGE 1/001 Fax Server



June 24, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORPORATION

SUBJECT: RRA/OHI CINNAMON RIDGE LLC

REF: W15000043193

RE-SUBMIT
Please retain original filtry
date of submission <u>cl23</u>

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000154775 Letter Number: 815A00013217

COVER LETTER

	gistration Section vision of Corporation	•		
SUBJECT:	RRA/OHI Cinnamor	Ridge, LLC		
		Name of Limits	d Liability Company	
The enclose Existence, a	ed "Application by Foreign check are submitted	ign Limited Liability Com I to register the above refet	pany for Authorization to enced foreign limited liabi	Fransact Business in Florida," Certificate of lity company to transact business in Florid
Please retur	n all correspondence c	oncerning this matter to the	: following:	
	Julia Hard			
		N	ame of Person	
	Rogers Realty A			
		F	irm/Company	
	10900 Nuckols F	id., Suite 200		
			Address	
	Glen Allen, VA	23060		
		City/S	tate and Zip Code	
	jbard@rogersra.c			
		E-mail address: (to be use	d for future annual report not	itication)
For further i	information concerning	this matter, please call:		
Ju	lia Bard		at (804) 290-	7900
	Nameo	Contact Person		Daytime Telephone Number
Div Re P.C	AILING ADDRESS; vision of Corporations gistration Section D. Box 6327 Ilahassec, FL 32314	Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ation Section Building xeculive Center Circle ussee, FL 32301	
	is a check for the fo \$125.00 Filing Fee	ollowing amount: \$130.00 Filing Fee & Centificate of Status	S155.00 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:

iability Company," "L.L.C," or "LLC.")	opted for the purpose of transi	ecting business in Florida. The alternate name must include	"Limited
Commonwealth of Virginia	2	27-0348441	
(Jurisdiction under the law of which foreign company is organized)	n limited liability	(FEI number, if applicable)	
			ج حدید تر مما
(Date f	irst transacted business in Flor	nds, if prior to registration.) Leto determine penalty liability)	
(000		, , , , , , , , , , , , , , , , , , , ,	
			 -
10900 Nuckols Rd., Suite 200, Glen	Allen, VA 23060		
	(Street Address of	Principal Office)	
10900 Nuckols Rd., Suite 200, Glen	Alien, VA 23060		
	£0 Allen, VA 23060		
2900 Nuckols Rd., Sulte 200, Glen Attached is an original certification of the jumps of the policy	Allen, VA 23060 te of existence, no mornisdiction under the la	re than 90 days old, duly authenticated by the wof which it is organized. (A photocopy is	not
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6/24/2015 9:41:02 AM From: To: 8506176381(5/6)

C : /

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.

RRA/OHI (Cinnamon Ridge, LLC		
If unavail	able, the alternate to be used	in the state of Florida is:	_4.
2. The na	me and the Florida street ad	dress of the registered agent and office are:	TACATA
	C T Corporation System		23 - F
		(Name)	1 8 8
	1200 South Pine Island	Cond	000 F 35
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		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.

Jordan Brown, Assistant Secretary
CT Corporation System
By:
(Signature)

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

Commonbowalth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That RRA/OHI Cinnamon Ridge LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 18, 2009; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: June 18, 2015

Joel H. Peck. Clerk of the Commission

CISECOM

Document Control Number: 1506185931