Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000157165 3)))



S

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000

Fax Number : (407)540-7522

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

·COM

Foreign Limited Liability Company CHP Frederick MD - Patriot MOB Owner, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$125.00	

JUN 2 6 2015

Electronic Filing Menu

Corporate Filing Menu

Help

#150001571653

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

٠

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

 CHP Frederick MD - P 			
I _	atriot MOB Owner, LLC		
(Name of For	eign Umited Liability Company; must include "Limited Lia	bility Company." "L.L.C" or "	'LLC,")
If name unavailable, enter a	Iternate name adopted for the purpose of transacting busines" or "LLC.")	s in Florida. The alternate name	must include "Limited
Delaware	3. applied for		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
upon qualification			
	(Date first transacted business in Florida, it prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.)	
450 S. Orange Avenue		permity rimonity)	ŧ
Orlando, FL 32801			
	(Street Address of Principal Office)		
PO Box 4920			
Orlando, FL 32802-49	20		
	(Mailing Address)	/ 	•
. Name and street addres	s of Florida registered agent: (P.O. Box NOT accept	able)	
Name:	Amy J. Patterson	_	
Office Address:	450 S. Orange Avenue	-	
	Orlando	, Florida ³²⁸⁰¹	
		(Zip code)	It the place designated in
Iaving been named as re his application, I hereby with the provisions of all s he obligations of my posi B. The name, title or capa	tance: gistered agent and to accept service of process for the accept the appointment as registered agent and agree statutes relative to the proper and complete performa	(Zip code) e above stated corporation a to act in this capacity. I fi nce of my duties, and I am	irther agree to comply
Javing been named as rehis application, I hereby with the provisions of all she obligations of my positive obligations of my positive of the name, title or capa Stephen H. Mauldin, Man	tance: gistered agent and to accept service of process for the accept the appointment as registered agent and agree statutes relative to the proper and complete performa- tion as registered agent, (Registered agent's signature) city and address of the person(s) who has/have authori	(Zip code) e above stated corporation a to act in this capacity. I fi nce of my duties, and I am	orther agree to comply familiar with end accept Fill ED JUN 25 M 9: LAHASSEE FIOR
his application, I hereby with the provisions of all she obligations of my positive obligations of my positive of the name, title or capa Stephen H. Mauldin, Man-Holly J. Greer, Manager, 4	tance: gistered agent and to accept service of process for the accept the appointment as registered agent and agree statutes relative to the proper and complete performa- tion as registered agent. (Registered agent's signature) city and address of the person(s) who has/have authoriager, 450 S. Orange Ave., Orlando, FL 32801	(Zip code) e above stated corporation a to act in this capacity. I fi nce of my duties, and I am	arther agree to comply familiar with end accept Fill ED

Typed or printed name of signee

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 FREDERICK MD - PATRIOT 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP FREDERICK MD - PATRIOT MOB OWNER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2015.

15 JUN 25 M 9: 49
SECRETIVELY OF STATE
AND ASSEE, HI GRIDA

5773136 8300

150966968

AUTHENTICATION: 2502142

DATE: 06-25-15

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