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GEPARITENI OF SIAII

J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 710446 4301771

AUTHORIZATION :

COST LIMIT : \$ 125.90

ORDER DATE: July 16, 2015

ORDER TIME : 3:25 PM

ORDER NO. : 710446-065

CUSTOMER NO: 4301771

FOREIGN FILINGS

NAME: CSH PORT ST. LUCIE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C. If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate diability Company," "L.L.C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applied)	te name must include "Limited
Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applie	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applied	
company is organized)	cable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
c/o HCP, Inc. 1920 Main Street, Suite 1200	
Imina California 02614	
(Street Address of Principal Office)	— SSA OF E
c/o HCP, Inc. 1920 Main Street, Suite 1200	
	ြင့် ယူ
Irvine, California 92614 (Mailing Address)	<u> </u>
	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Corporation Service Company	
Name:	
Office Address: 1201 Hays Street	
Tallahassee , Florida 32301 (City) (Zip code	
(City) (Zip code	e)
aving been named as registered agent and to accept service of process for the above stated corpora is application, I hereby accept the appointment as registered agent and agree to act in this capacity th the provisions of all statutes relative to the proper and complete performance of my duties, and e obligations of my position as registered agent. Corporation Service Company By: (Registered agent's signature)	y. I further agree to comply
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
SH Operator LLC, as its sole member	
HCP, Inc. 1920 Main Street, Suite 1200	
vine, California 92614	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official have	ving custody of records in the on of the certificate under oath
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation	
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation the translator must be submitted) /s/ Kendall K. Young	

Kendall K. Young, Executive Vice President

Typed or printed name of signee

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CSH PORT ST. LUCIE 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 TENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CSH PORT ST.

LUCIE LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4319916 8300

151036905

AUTHENTYCATION: 2546133

DATE: 07-10-15

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