Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

AMY J. PATTERSON

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.

Brail Address: any, pattersonocal, com

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EORETANT OF STATE

Foreign Limited Liability Company
CHP Marietta GA Senior Living Owner, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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K.SALY EXAMINER AUG - 5 2015

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. CHP Marietta GA Senior Living Owner, 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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 450 S. Orange Avenue Orlando, FL 32801 (Street Address of Principal Office) PO Box 4920 Orlando, FL 32802-4920 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Amy J. Patterson Name: 450 S. Orange Avenue Office Address: Orlando Florida 3280 Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Stephen H. Mauldin, Manager, 450 S. Orange Avenue, Orlando, FL 32801 Holly J. Greer, Manager, 450 S. Orango Avenue, Orlando, FL 32801 Kevin R. Maddron, Manager, 450 S. Orange Avenue, Orlando, FL 32801 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) ignature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Army J. Patterson

Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELANARE, DO HEREBY CERTIFY "CHP MARIETTA GA SENIOR LIVING
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-SEVENTH
DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP MARIETTA GA SENIOR LIVING OWNER, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2015.

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

TALLAH SISEE, FLATE

5774873 8300

150979504

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

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2508617

DATE: 06-27-15