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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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2015 AUG 28 A ID: 56 SECRETARY OF STATE ALLAHASSEE, FLORIDA

RECEIVED

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1-1 SH OF CORRESPONDED

FILED

AND 3'1 SING

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

ACCOUNT NO. : 12000000195

REFERENCE 765238

AUTHORIZATION

COST LIMIT :

ORDER DATE: August 28, 2015

ORDER TIME: 3:32 PM

ORDER NO. : 765238-020

CUSTOMER NO:

7775081

FOREIGN FILINGS

NAME:

SUN CITY CENTER SUBTENANT,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Sun City Center Subtenant, LLC		
30838C1;	Name of	Limited Liability Company	
The enclosed Existence, an	"Application by Foreign Limited Liability Com d check are submitted to register the above refer	pany for Authorization to Te enced foreign limited liabili	ransact Business in Florida," Cortificate of ty company to transact business in Florid
Please return	all correspondence concerning this matter to the	following:	
	Amanda Church		
	N	ame of Person	
	Health Care REIT, Inc.		
	F	irm/Company	, 1
	4500 Dorr Street		
		Address	I I
	Toledo, Ohio 43615		
	City/S	tate and Zip Code	SEC SEC
	achurch@hcreit.com		
	E-mail address: (to be use	d for future annual report no	ANG 28 A ANG 28 A ANG 28 A ANG 28 A
For further in	formation concerning this matter, please call:		
Am	anda Church	419 214-5	780
<u></u>	Name of Contact Person		ytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassec, FL 32314	Division Registra Clifton E 2661 Ex	TADDRESS: of Corporations tion Section Suilding acutive Center Circle see, FL 32301
	check for the following amount: 25.00 Filing Fee	☐ \$155.00 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

(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 "Liniability Company," "L.L.C," or "LLC.") Delaware 3. 47-4863483 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 4500 Dorn Street Toledo, Ohio 43615 (Street Address of Principal Office) 4500 Dorr Street Totedo, Ohio 43615 (Mailing Address) Name and street address of Fiorida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street	Sun City Center Subtr	tenant LLC	_			
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Office Address: 1201 Hays Street 1201 Hays Str	NI	Corporation Service Company	*			-
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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.

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "SUN CITY CENTER SUBTENANT, 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-EIGHTH DAY OF AUGUST, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUN CITY CENTER SUBTEMANT, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2015.

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

5806137 8300

151232675

AUTHENTICATION: 2687078

DATE: 08-28-15

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