M15000007375

(Re	equestor's Name)	
, , ,	,	
(Ac	ldress)	
(Ac	ldress)	
(6)	ty/State/Zip/Phone	
(Ci	ty/State/ZIp/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
(50	oument rumber,	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





500277092405

10 ACKIN WELDER SUPPICIENCY OF FILING 15 SEP 16 PH 2: 23

2015 SEP 16 Art 9: 27

SEP 17 2015 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO	120000000195
MCCOONI	140.	 エとしししししししエラコ

REFERENCE : 785735 77750

AUTHORIZATION: Spulle le ma

COST LIMIT : \$ 125.00

ORDER DATE: September 16, 2015

ORDER TIME : 12:21 PM

ORDER NO. : 785735-025

CUSTOMER NO: 7775081

FOREIGN FILINGS

NAME: 5999 N. UNIVERSITY DRIVE, LLC

 \underline{XXXX} QUALIFICATION (TYPE: \underline{LL})

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:		ation Section n of Corporation	ns				
SUBJE		99 N. University					
			Name of	Limited Liability	Company		
						ansact Business in Florida," Cer y company to transact business	
Please r	cturn all	correspondence o	concerning this matter to the	following:			
		Amanda Chur	ch .				
			N	ame of Person			
		Health Care F	REIT, Inc.				
Firm/Company							
4500 Dorr Street							
				Address			
	Toledo, Ohio 43615						
			City/S	tate and Zip Code			
	;	achurch@hcrei					
	-		E-mail address: (to be used	i for future annual	report not	ification)	
For furth	her inform	nation concerning	g this matter, please call:				
	Amand	la Church		419 at (21 4 -57	780	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Box	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
Enclosed		ck for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certified Status & Certified Copy	icate

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: 5999 N. University Drive, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "Ll.C.") (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.") pendina Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 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 Dorr Street Toledo, Ohio 43615 (Street Address of Principal Office) 4500 Dorr Street Toledo, Ohio 43615 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee , Florida 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. Corporation Service Company Melissa Zender By: Asst. Vice President (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: DSL Landlord, LLC, member, 4500 Dorr Street, Toledo, Ohio 43615 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

i l l . . .

Signature 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.

of the translator must be submitted)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "5999 N. UNIVERSITY DRIVE, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5999 N.

UNIVERSITY DRIVE, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST,

A.D. 2015.

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

Authentication: 10071847

Date: 09-16-15