

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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15 OCT 26 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
HRG Tallahassee Retirement Residence LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 27 2015

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Corporate Filing Menu

Help

10/26/2015 11:20:42 AM From: To: 8506176383( 4/6 )

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HRG TALLAHASSEE RETIREMENT RESIDENCE LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

SUZANNE TOSH

Name of Person

HAWTHORN DEVELOPMENT LLC

Firm/Company

9310 NE VANCOUVER MALL DRIVE SUITE 200

Address

VANCOUVER WA 98662

City/State and Zip Code

SUZANNE.TOSH@HAWTHORNRET.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZANNE TOSH

503

586-7308

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

10/26/2015 11:20:42 AM From: To: 8506176383( 2/6 )  
850-617-6381 10/26/2015 10:32:08 AM PAGE 1/001 Fax Server



October 26, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: HRG TALLAHASSEE RETIREMENT RESIDENCE LLC  
REF: W15000070669

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

FAX Aud. #: H15000254121  
Letter Number: 815A00022564

**\*RE-SUBMIT\***

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15 OCT 26 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:*

1. HRG TALLAHASSEE RETIREMENT RESIDENCE LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. WASHINGTON

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9310 NE VANCOUVER MALL DRIVE SUITE 200

VANCOUVER WA 98662

(Street Address of Principal Office)

6. SAME

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

By: C T Corporation System

John M. Dorch

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

HAWTHORN MANAGEMENT SERVICES CORP. , Manager

9310 NE VANCOUVER MALL DRIVE SUITE 200

VANCOUVER WA 98662

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)

B. G. Colson  
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.

BARTON G. COLSON, PRESIDENT OF MANAGER

Typed or printed name of signer

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15 OCT 28 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

**The State of Washington**

**Secretary of State**

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**HRG TALLAHASSEE RETIREMENT RESIDENCE LLC**

I **FURTHER CERTIFY** that the records on file in this office show that the above named  
Limited Liability Company was formed under the laws of the State of WA and was issued a  
Certificate Of Formation in Washington on 11/12/2014.

I **FURTHER CERTIFY** that as of the date of this certificate, **HRG TALLAHASSEE**  
**RETIREMENT RESIDENCE LLC** remains active and has complied with the filing requirements  
of this office.

Date: October 22, 2015

UBI: 603-451-476



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

*Kim Wyman*

Kim Wyman, Secretary of State