

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

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. Email Address:

eleen solu acni com

Foreign Limited Liability Company CHP Cincinnati OH MOB Owner, LLC

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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 BY SINESS, IN THE STATE OF FLORIDA:

, CHP Cincinnati OH	"BUSINESS IN THE STATE OF FLORID MOB Owner, LLC				
(Name of F	oreign Limited Liability Company; m	nust include "Lim	ited Liability Compan	y," "L.L.C.," or "LL	.C.")
(If name unavailable, ente	er alternate name adopted for the purps	ose of transacting	business in Florida.	The alternate name m	iust include "Limited
2 Delaware		2	Applied Fr	nR	
	aw of which foreign limited liability	J	(FEI numb	er, if applicable)	
4. upon qualification					
5. 450 S. Orange Aver	(Date first transacted busin (See sections 605,0904 & 60 nue	ness in Florida, if 05.0905, F.S. to d	prior to registration.) etermine penalty liabi	lity)	
Orlando, FL 3280	01		· 		
6. PO Box 4920	(Street Address of	f Principal Office)	に に う た カ	285 N
Orlando, FL 32802-	4920		-	AS	
<u></u>	(Mailing	g Address)			
7. Name and street add	tess of Florida registered agent: (P.O. Box NOT	acceptable)	. F	>
Name:	Amy J. Patterson			ORII	<u>چ</u>
Office Address	s: 450 S. Orange Avenue			DE A	39
	Orlando		, Florida 3	2801	
D = 1-4 40	(City)		,,,	(Zip code)	
designated in this appli- to complywith the prov	registered agent and to accept se ication, I hereby accept the appointisions of all statutes relative to the first position as registered agents	ntment as regis. e proper and co	tered agent and agr mplete performand	ree to act in this ca	spacity. I further agree
			•		
	apacity and address of the person(stanager, 450 S. Orange Avenue, O	-	• •	e is/are;	
	er, 450 S. Orange Avenue, Orlando				
	inager, 450 S. Orange Avenue, Orl				
			a foreign language,		
This document is execut submitted in a document	ted in accordance with section 605 to the Department of State constit	.0203 (1) (b), F tutes a third deg	lorida Statutes. I am rce felony as provid	aware that any fals led for in s.817,155	se information , F.S.

Typed or printed name of signee

Amy J. Patterson

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CHP CINCINNATI OH MOB 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 THIRTIETH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP CINCINNATI
OH MOB OWNER, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER,
A.D. 2015.

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

Authentication: 10329235

Date: 10-30-15