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To:

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

From:

Account Name : ADAMS AND REESE LLP  
Account Number : 076077001601  
Phone : (727) 502-8230  
Fax Number : (727) 502-8943

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

Email Address: cturner@lifewells1.com

**Foreign Limited Liability Company  
LAHPTenant, LLC**

Certificate of Status	0
Certified Copy	0
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D. BRUCE

DEC. 31. 2015 1:35PM

ADAMS AND REESE

NO. 841 P. 2/3

H15000302754 3

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. LAHP Tenant, 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.")

2. TX

(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. 675 Bering Drive, Suite 550

Houston, TX 77057

(Street Address of Principal Office)

6. 675 Bering Drive, Suite 550

Houston, TX 77057

(Mailing Address)

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

Name: CT 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.

Angel Nunez

(Registered agent's signature)

Assistant Secretary

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

Legacy MT, LLC

Manager

675 Bering Drive, Suite 550, Houston, TX 77057

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)

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.

Charles Turner

Typed or printed name of signer

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DEC. 31. 2015 1:35PM

ADAMS AND REESE

H15000302754 3

Corporations Section

P.O.Box 13697

Austin, Texas 78711-3697

NO. 841 P. 3/3

Carlos H. Cascos

Secretary of State



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LAHP Tenant, LLC (file number 802343679), a Domestic Limited Liability Company (LLC), was filed in this office on December 04, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 22, 2015.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State