

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CARTER VALIDUS
Account Number : I20140000038
Phone : (813) 287-0101
Fax Number : (813) 287-0397

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

Email Address: BROSA @ CVreit-com

Foreign Limited Liability Company
CV Healthcare Management, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2016 FEB 11 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 12

H160000212993

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. CV Healthcare Management, 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. Delaware

(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. 4890 W. Kennedy Boulevard, Suite 650

Tampa, FL 33609

(Street Address of Principal Office)

6. 4890 W. Kennedy Boulevard, Suite 650

Tampa, FL 33609

(Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

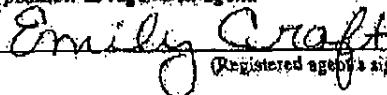
(City)

(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.

Emily Croft



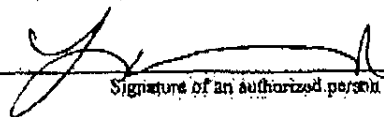
(Registered agent's signature)

Asst. Vice President

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

CV REIT Management Company, LLC - its sole Member - 4890 W. Kennedy Blvd., Suite 650, Tampa, FL 33609

Lisa Drummond - COO and Secretary of Member - 4890 W. Kennedy Blvd., Suite 650, Tampa, FL 33609

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 personThis 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.

Lisa Drummond

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CV HEALTHCARE MANAGEMENT, 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 EIGHTH DAY OF JANUARY, A.D. 2016.

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

Authentication: 201645812

Date: 01-08-16

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