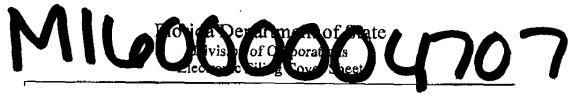
Division of Corporations

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(((H16000142978 3)))



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: WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN Account Name Account Number : 072720000266

Phone (941) 366-4800 Fax Number : (941)552-7141

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## Foreign Limited Liability Company San Pablo ALF, LLC

Certificate of Status	1
Certified Copy	1
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J. HARRIS

### H16000142978 3

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, San Pablo ALF, LLC	SINESS IN IT IS STATE OF FEDRION.			
(Name of Pore	eign Limited Liability Company; must include "Lic	mited Liability Company," "L.L.C.," or	"LLC.")	<del>-</del>
(If name unavailable, enter a Liability Company," "L.L.C, 2. Kansas		g business in Florida. The alternate nam	ie must include "L.	imited
	of which foreign limited liability	(FBI number, if applicable)		- •
4	(Date first transpoted business in Horida	If prior to project ation	•	
941 5 17 21 of St N. Sta. 1	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to 00, Wichita, KS 67206	determine penalty liability)		
5. 6413 E 213t St N St8 1	ou, wienia, KS 67206		•	
	(Street Address of Principal Offic	e)	•	
6. 8415 E 21st St N Ste 100, Wiehita, KS 67206				
			· = : 00	a sinserage
	(Mailing Address)			er menene
7. Name and street address	g of Florida registered agent: (P.O. Box NO	Tacceptable)		¥
Name:	Cross Street Corporate Services, LLC			
Office Address:	200 S Orange Ave	<del></del>	LOH STA	SPANIE .
	Sarasota	, Plorida 34236-6749	- ST 5	
Was data and a management	(City)	(Zip code)	r	
designated in this applica-	gixtered agent and to accept service of proce tion, I hereby accept the appointment as regi	stered agent and agree to act in this	s capacity. I fur	ther agree
	ons of all statutes relative to the proper and c my position as registered agent.	complete perjormance of my auties,	ana 1 am Jamuu	iar wiin an
	by Sec VP			
ч	(Registered agent's si	gnature)	ı	
8. The name, title or caps	city and address of the person(s) who has/hav	e authority to manage is/are:		
Timothy J. Buchanan, Ad	ministrative Member, 8415 B 21st St N Ste 16	00, Wichita, KS 67206		
			<del></del>	
		<u> </u>		
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in Ibmitted)			
	Signalure of an authoriz	Bruce		
	Signafure of an authoriz	ed person		
	in accordance with section 505,0203 (1) (b), the Department of State constitutes a third de			n
	George C. Bruce			
	Typed or printed name of	l'signee		

Page 1 of 1

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# OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8308140

Entity Name: SAN PABLO ALF, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: GEORGE C BRUCE

Registered Office: 100 N Broadway Ste 500, WICHITA, KS 67202

was filed in this office on May 27, 2016, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 10, 2016

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 810588 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.