MIV000005099

(Requestor's Name)
•
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octambates of Claus
Special Instructions to Filing Officer:

Office Use Only



100287196301

16 JUN 24 AH 8: 32 SEORETARY OF STATE

2年 中の一つでは、「「「「」」」」

TELETAL DE LA CALLACATA DE LA

T. HARRIESE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 192306 4311863

AUTHORIZATION : Knull Bl

COST LIMIT : \$\(\dagger 1 \dagger 2 \dagger 5 \tag \cdot 0 \dagger 0 \dagger 0

ORDER DATE: June 24, 2016

ORDER TIME: 12:16 PM

ORDER NO. : 192306-005

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: MS - V HOLLYWOOD SENIOR

LIVING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations									
SUBJ	MS - V Hollywood Scr	nior Living, LLC								
50,50		Name of L	imited Liability (Company						
The en	closed "Application by Foreignce, and check are submitted to	n Limited Liability Compa o register the above referen	any for Authoriza need foreign limit	tion to Tra ed liability	nsact Business in Florida," Certificate c company to transact business in Florid					
Please	return all correspondence con-	cerning this matter to the f	following:							
	Sheldon Bender									
	- <u></u>	Na	me of Person							
	Blank Rome LLP									
	,	Firm/Company								
	One Logan Square	One Logan Square, Third Floor								
	Address									
	Philadelphia, PA 19103-6998									
		City/Sta	ate and Zip Code							
		-mail address: (to be used	for future annual	report not	(firstion)					
For fu	ther information concerning th	·	TOT TURBLE ASSISTAN		module)					
	Sheldon Bender		215							
	Name of C	Contact Person	at (Area Code	Day	time 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							
Enclos		g amount: 3 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy					

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MS - V Hollywood Ser	nior Living, LLC					_
(Name of For	eign Limited Liability Company; must include	de "Limited Liability Company," "L.L	C.," or "	LLC.")		
Liability Company," "L.L.C,	iternate name adopted for the purpose of tran	asacting business in Florida. The alter	nate name	must inc	lude "Li	mited
2. Delaware	3.					
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if ap	plicable)			-
4. Upon filing			 			
	(Date first transacted business in Fl (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) 7.S. to determine penalty liability)				
5. 1300 Spring Street, Su						
Silver Spring, MD 209	10					
	(Street Address of Princips	d Office)		Z S	1755°)	
6. 1300 Spring Street, Su	te 205					* ************************************
Silver Spring, MD 209	10			Ĭ.		· di di
	(Mailing Address			32		ila estable :
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		n j		
Name:	Corporation Service Company	 		STA	ထ သ	Lund
Office Address:	1201 Hays Street				N	
	Tallahassee	, Florida 32301				
	(City)	(Zip c	ode)			
designated in this applicate to complywith the provisi	gistered agent and to accept service of tion, I hereby accept the appointment o ons of all statutes relative to the proper my position as registered agent. Corporation Service Company	as registered agent and agree to a	ct in this y duties,	capacity	y. I fur n famili	ther agre iar with a
	By:	ent's signature)		t. Vice		
	(Kegistered ag	eur z zignature)	, ,,,,			
8. The name, title or cap	acity and address of the person(s) who h	as/have authority to manage is/are	:			
MeriStar Holdings, L.P.,	300 Spring Street, Suite 205, Silver Spr	ring, MD 20910 Member				
······································					•	
					-	
					_	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted)	ate is in a foreign language, a trans	having o	custody o	f record	is in the
	Signature of an a	uthorized person				
This document is execute submitted in a document t	d in accordance with section 605.0203 (1 to the Department of State constitutes a th	i) (b), Florida Statutes. I am aware hird degree felony as provided for	that any in s.817.	false info 155, F.S.	ormatio	n
	Sheldon Bender					

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MS - V HOLLYWOOD SENIOR LIVING, 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MS - V HOLLYWOOD SENIOR LIVING, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2016.

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

6073967 8300

SR# 20164631186
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202552385

Date: 06-24-16