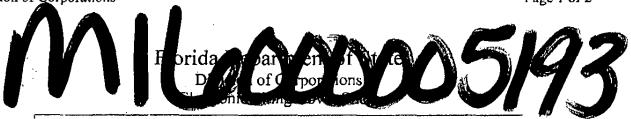
6/28/2016 4:14:39 PM From: To: 8506176383( 1/4 )

Division of Corporations

Page 1 of 2



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (850)205-8842 : (850)878-5368

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

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Foreign Limited Liability Company HSRE-AHR FORT MYERS TRS, LLC

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		C	OVER-LETTER			
	tration Section ion of Corporatio	ons.				
SUBJECT:	ISRE-AHR Fort N	Ayers TRS, LLC	•			
	· 1:	Name o	f Limited Liability	Company		_
The enclosed " Existence, and	Application by Fo check are submitted	reign Limited Liability Con ed to register the above refe	npany for Authoriza renced foreign limi	ation to Tr Ited liabilit	ansact Business in Florida, ly company to transaci busi	" Certificate o ness in Florida
Please return a	li correspondence	concorning this matter to th	e fallowing:			
	Ruth A. Corde	es ·				
•		,,	Name of Person			-
	DLA Piper LL	.P (US)				
	<del> </del>	1	inn/Company			-
	203 N. La Sal!	e St., Suite 1900			•	
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For further info	rmation concernin	g this matter, please call:			in (	· ,
Ruth /	A. Cordes		312 at (	368-21	51	· D □ □
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Divisio Regista P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314			Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section	
	icck for the follow 5.00 Filing Fec	ring amount:  13 \$130.00 Filing Fee &  Certificate of Status	国 \$155.00 Filir Certifled Copy	ig Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Cop	

6/28/2016 4:14:39 PM From: To: 8506176383( 3/4 )

## 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:

I. HSRE-AHR Fort Myer (Name of Fort	rs TRS, LLC cign Limited Liabilit	ty Company; must include "Lin	ited Liability Company,""L.L.C.," of	r"LLC.")
(If name unavailable, enter a	Itemate name adopte	ed for the purpose of transacting	business in Florida. The alternate na	me must include "Limited
.iability Company," "L.L.C.			,	
Delaware		3.	ailable	
(Jurisdiction under the law company is organized)	of which foreign lin	nited liability	(FEI number, if applicable	•)"
upon qualification	/ No. 1		Tuelos to spointentine	<u>-</u>
	(See sections	transacted business in Florida, if 605.0904 & 605.0905, F.S. to d	etermine penulty limbility)	
One-Towne Square, St	ite 1600	····		_
Southfield, Michigan 4	8076			
	(Su	reet Address of Principal Office	)	
same as above				_ Pag 28
·		(Mailing Address)		AND JUN
St	2971. 11			28 28
. Name and street address		ered agent: (P.O. Bux NOT	_acceptable)	က္သည္း တာ
Name:	C T Corporation	System		
Office Address:	1200 South Pine	Island Road		<u> </u>
	Plantation		, Florida 33324	
		(City)	(Zip code)	<b>T</b>
esignated in this applical a complywith the provision accept the obligations of n	gistered agent und fion, I hereby acce ins of all statutes i ny position as regi	ept the appointment as regist relative to the proper and co istered agent. Corporation System	for the above stated limited liabitered agent and agree to act in the implete performance of my duties	is capacity. I further agi s, and I am fumiliar with
		(Registered agent's sign	nature) (C)	
The name title or some	ain, and address of	f the person(s) who has/have		• •
			1600, Southfield, Michigan 4807	'6
ort wyers animor crying,	EEC, SOLO MONTO		Toos, comment, mengan	
				<u> </u>
Attached is a certificate or irisdiction under the law of the translator must be se	of existence, no m of which it is organ bmitted) By: Hare By: Al	nized. (If the certificate is in a Seafar Living, LLC, sole Member AHR Zephyrhills LLC, a Member IR Seniar Lving Lephyrhills LLC.	thenticated by the official having a foreign language, a translation of a Member	custody of records in the f the certificate under oath
•		Signature of an authorized	i person	-
nis document is executed bmitted in a document to	in accordance with the Department of	h section 695.0203 (1) (b), Fl f State constitutes a third degr	prida Statutes. I am aware that any ree felony as provided for in s.817	y false information .155, F.S.
		rt W. Gillette, Manager		
•	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of s	ignee	-

## elaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HSRE-AHR FORT MYERS TRS, 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 SEVENTH DAY OF JUNE, A.D. 2016.

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

6062342 8300

SR# 20164342353 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202447094

Date: 06-07-16