Page 1 of 2 ////60 Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H160001599113))) H160001599113ABC0 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. JUL -To: Division of Corporations Fax Number : (850)617-6383 11 AH 8: From: Account Name : CNL FINANCIAL GROUP, INC. Account Number : 113615003626 မ္မ Phone : (407)650-1000 Fax Number : (407)540-7522 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: ŝ Soto cal. com PH I: 0 Foreign Limited Liability Company ų **CHP PA Senior Living Parent LLC** 2016 JUL -1 Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$125.00 K.SALY

Corporate Filing Menu

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Help

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 CHP PA Senior Living Parent, 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.	3. applied for	
i	(Jurisdiction under the law of which foreign limited liability (FEI num company is organized)	per, if applicable)
4.	upon qualification	
	(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liab	
5.	450 S. Orange Avenue	
	Orlando, FL 32801	
	(Street Address of Principal Office)	San III
6.	PO Box 4920	
	Orlando, FL 32802-4920	FLOR STAT
	(Mailing Address)	Br. o
7.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	7.*

Name:	Amy J. Patterson		
Office Address:	450 S. Orange Avenue		
	Orlando	, Florida 32801	
	(Ĉity)	(Zip code)	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



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

Stephen H. Mauldin, Manager, 450 S. Orange Avenue, Orlando, FL 32801

Holly J. Greer, Manager, 450 S. Orange Avenue, Orlando, FL 32801

Kevin R. Maddron, Manager, 450 S. Orange Avenue, Orlando, FL 32801

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.

Amy J. Patterson

H160001595113



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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHP PA SENIOR LIVING PARENT, 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-NINTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHP PA SENIOR LIVING PARENT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2016.

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

2016 JUL - 1 ----- $\overline{\Box}$ AH 8: ني م



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Authentication: 202579985 Date: 06-29-16