

m16000005732

Florida Department of State
Division of 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.

((H16000169394 3)))



H160001693943ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 7/14

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

Email Address: _____

Foreign Limited Liability Company
OHI Asset (FL) Middleburg, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2016 JUL 18 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
JUL 18 A 9:26
ATTN: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Deborah
Bruce

S Warren

JUL 19 2016

7/18/2016 3:42:44 PM From: To: 8506176383(2/5)
850-817-6381 7/15/2016 2:50:20 PM PAGE 1/001 Fax Server



July 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: QHI ASSET (FL) MIDDLEBURG, LLC
REF: W16000049051

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H16000169394
Letter Number: 716A00014805

RE-SUBMIT

Please retain original filing
date of submission 7/14

2016 JUL 18 PM 3:46

RECEIVED
TALLAHASSEE, FLORIDA

7/18/2015 3:42:44 PM From: To: 8506176383(3/5)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OHI Asset (FL) Middleburg, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

~~Laverne K. Calvert, Paralegal~~

Name of Person

Bryan Cave LLP

Firm/Company

1201 W. Peachtree Street, NW, 14th Floor

Address

Atlanta, GA 30309-3488

City/State and Zip Code

laverne.calvert@bryancave.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laverne K. Calvert

404

472-4533

at ()

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. OHI Asset (FL) Middleburg, 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.

(FBI number, if applicable)

4. Upon Filing

(Date first transacted business in Florida; if prior to registration;
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 200 International Circle, Suite 3500, Hunt Valley, Maryland 21030

(Street Address of Principal Office)

6. 200 International Circle, Suite 3500, Hunt Valley, Maryland 21030

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida 33324

(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.

By: C T Corporation System

(Registered agent's signature)

Nathan Giffin

Assistant Secretary

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

OHI Healthcare Properties Limited Partnership, Sole Member

200 International Circle, Suite 3500, Hunt Valley, Maryland 21030

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, P.S.

Robert O. Stephenson, CFO, Treas. and Asst. Sec.

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OHI ASSET (FL) MIDDLEBURG, 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 EIGHTEENTH DAY OF JULY, A.D. 2016.

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



5920132 8300

SR# 20164945981

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202671907

Date: 07-18-16