MILOOD	2016976
(Requestor's Name) (Address) (Address)	500289682175
(City/State/Zip/Phone #)	TE AUG 30 AM 10: 00
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NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany + Charlotte + Chicago + Dover + Los Angeles + New York + Sacramento + Springfield + Tallahassee + Washington, D.C. + Hong Kong + London

Date: 08/30/2016

Account #: I2000000088

Name: ERIC HOOD

Reference #: T005283

ENTITY NAME: MARKET STREET PALM COAST RE, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Annual Report

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other:

5 AUG 30 AH IO:

Authorized Amount: 125.00Signature: \underline{CMBHOO}

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301 Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200 E-Mail: info@nationalcorp.com Website: www.nationalcorp.com

TO: **Registration Section Division of Corporations**

Market Street Palm Coast RE. LLC

SUBJECT:

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:

Joan T.Wi	lliams			
	Name of Person			
Watercres	t Senior Living Group			
- 1	F	irm/Company		
445 24th 5	Street, Suite 300			
		Address		AUS 2
Vero Beac	ch, Florida 32960			30 A
<u></u>	City/S	State and Zip Code		
jwilliams@	watercrestslg.com			HID: 00
	E-mail address: (to be use	d for future annual	report notification)	>
For further information conc	erning this matter, please call:			
Debbie Marshburn	, Bradley	205 at (521-8564	
N	ame of Contact Person	Area Code	Daytime Telephone Number	-
MAILING ADDR Division of Corpora	ations		STREET ADDRESS: Division of Corporations	
Registration Section P.O. Box 6327	۱ .		Registration Section Clifton Building	
Tallahassee, FL 32.	314		2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the f				
🖀 \$125.00 Filing F	ee □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee & 🛛 \$160.00 Filing Fee, C of Status & Certified Co	

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	Market	Street	Palm	Coast	RE,	LLC	
---	--------	--------	------	-------	-----	-----	--

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter a Liability Company," "LLC		cting business in Florida. The alternate name must in	iclude "Limited
, Delaware	3.		
	of which foreign limited liability	(FEI number, it applicable)	
4			
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.)	
5. 445 24th Street, Suite		······································	
Vero Beach, Florida 3.	2960		
	(Street Address of Principal C	Office)	= 53
6. 445 24th Street, Suite 2			
Vero Beach, Florida 3.	2960		30 30
	(Mailing Address)	······································	
7. Name and street addres	ss of Florida registered agent: (P.O. Box 1	<u>VOT</u> acceptable)	
Name.	Joan T. Williams		0
Otlice Address:	445 24th Street, Suite 300		
	Vero Beach	Florida 32960	
	(City)	(Zip code)	
Registered agent's accep	tance:		

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 protect.

A	atl	Ì		
	(Registe	ered agent's sign	ature)	

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

Watercrest Properties, LLC, Sole Member and Manager

445 24th Street, Suite 300

Vero Beach, Florida 32960

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.

Joan T. Williams, Authorized Signatory

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARKET STREET PALM COAST RE, 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 AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARKET STREET PALM COAST RE, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2016.

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

 ~ 10

in, Secretary of State Jeffrey W. Buth

Authentication: 202904091

Date: 08-29-16

AUC 30

AM 10: 00

Page 1

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