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ECRETARY OF STATE

asluna

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 277020 7328399

AUTHORIZATION : Smell Class

COST LIMIT : \$ 125.00

ORDER DATE: August 31, 2016

ORDER TIME : 9:22 AM

ORDER NO. : 277020-010

CUSTOMER NO: 7328399

FOREIGN FILINGS

NAME: NONA SENIOR CARE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

SECRETARY OF STA

COVER LETTER

то:		ration Section on of Corporation	ns						
SUBJI		ona Senior Care, I	LLC						
SUBJI	.c		Name of I	Limited Liability (Company				
The en Exister	closed "/	Application by For check are submitte	reign Limited Liability Comp ed to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in locompany to trans	Florida," act busir	Certif ess in	icate of Florida
Please	return al	l correspondence	concerning this matter to the	following:					
		Diana Hall							
			N	ame of Person					
	Bridge Investment Group Holdings, LLC								
	Firm/Company								
	5295 S. Commerce Drive, Suite 100								
	Address Murray, UT 84107								
	City/State and Zip Code								
	d.hall@bridge-igh.com				17.I 035	16			
			E-mail address: (to be used	d for future annual	report not	ification)		£5 £5	-14
For further information concerning this matter, please call:				1833 1833	9-0				
	Diana	Hall		801 at (506-11	40	円分割	2	Ö
		Name (of Contact Person	Area Code	Day	time Telephone N	umber.	င္သာ	
	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			3-			
Enclos		heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filin			ate

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. Nona Senior Care, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	-110.47
(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 Liability Company, "L.L.C," or "Ll.C.")	ne must include "Limited
2. <u>Delaware</u> 3	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. (Date first transacted business in Florida, if prior to registration.)	-
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 5295 South Commerce Drive, Suite 100	_
Murray, UT 84107	_
(Street Address of Principal Office)	
6. 5295 South Commerce Drive, Suite 100	i
Murray, UT 84107	SEC 5
(Mailing Address)	一 編 祭 円
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	1255 I F
Name: Corporation Service Company	
4204 Have Charat	
Office Address: 1201 Hays Street	03/11 %
Tallahassee , Florida 32301	_ \$ =
(City) (Zip code) Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I with the provisions of all statutes relative to the proper and complete performance of my duties, and I an	further agree to comply
the obligations of my position as resistand agent	
Corporation Service Company (Courtney Williams
By: (Registered agent's signature)	st. Vice President
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Orlando FL Senior Holdings, LLC, Manager	
5295 South Commerce Drive, Suite 100, Murray, UT 84107	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	
() and the state of the state	
Signature of an authorized person	-
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under	the penalties of periory that
the facts stated herein are true. I am aware that any false information submitted in a document to the Depart	

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Donaldson L. Hartman

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "NONA SENIOR CARE, 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 FIRST DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NONA SENIOR CARE, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2016.

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

SECRETARY OF STATE TALL AMASSES FILOUDA



Authentication: 202923502

Date: 09-01-16

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