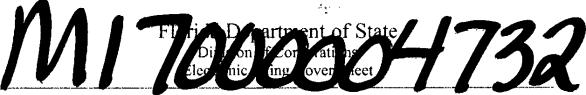
Division of Corporations



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.

(((H170001485543)))



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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

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

Email Address:

Foreign Limited Liability Company
HTA-Celebration Hospital MOB, LLC

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D BRUCE JUN 05 2017

COVER LETTER

SUBJECT:	TTA-Celebration I	Hospital MOB, LLC		•		
BODGIACA	Name of Limited Liability Company					
		reign Limited Liability Comped to register the above refer				
Please return a	ill correspondence	concerning this matter to the	following:			
	Lindsay C'Del	Заса				
		N	ame of Person		-	
	Healthcare Tru	ist of America Holdings, LP				
		F	irn/Company		-	
	16435 N. Scottsdale Road, Suite 320			2011		
			Address	<u> </u>		
	Scottsdale, AZ	85254		ASS	M - 2 /	
		City/S	tate and Zip Code			
	lindsayudubaca@htareit.com					
		E-mail address: (to be use	d for future annual report no	tification)	l⊪: 50	
For further info	ormation concernic	ng this matter, please call:		٠		
Lindsay C'DeBaca		480 . 998-34	78			
	Name	of Contact Person	at () Area Code Day	rtime Telephone Number	_	
Divisi Regis P.O. 1	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Bullding 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\mathbb{\mathba\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		□ \$155,00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

ж.

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

	TION 605.0902, FLORIDA STATUTES, THE FOLLOFFING IS SUBMITTE ISTATESS IN THE STATE OF FLORIDA:	D TO REGISTER A FORE	IGN LIMITED LIARILITY		
HTA-Celebration Hosp					
	olgn Limited Liability Company; must include "Limited Liability Comp	sany," "L.L.C.," or "LLC	.")		
Liability Company," "L.L.C,	iternate name adopted for the purpose of transacting business in Florida " or "LLC.")	i. The affernate name mus	st include "Limited		
2. Delaware	3. Applied For				
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI nur	nber, if applicable)			
4. Upon registration					
	(Date first transacted business in Florida, if prior to registratio (See sections 605.0904 & 605.0905, F.S. to determine penalty lie	n.) ibllity)			
5. 16435 N. Scottsdale R	5 N. Scottsdale Road, Suite 320				
Scousdale, AZ 85254					
Scousdale, AZ 63234	(Street Address of Principal Office)	<u> </u>			
6 16435 N. Scottsdale Re	* · · · · · · · · · · · · · · · · · · ·	AS S			
0-4 11 47 0001			A)		
Scottsdale, AZ 85254	(Mailing Address)		er >		
* * * * * * * * * * * * * * * * * * * *		, C	# = J		
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	ָ <u>אַ</u>	A 5		
Name:	CT Corporation System	×	, , <u>, , , , , , , , , , , , , , , , , </u>		
Office Address:	1 200 South Pine Island Road				
	Plantation , Florida	33324			
5	(City)	(Zip code)			
designated in this applica to complywith the provisi	gistered agent and to accept service of process for the above st tion, I hereby accept the appointment as registered agent and to ons of all statutes relative to the proper and complete performa my position as registered agent. CI CORPORATION SYSTEM/CHRIS RICKARD	igree to act in this cap	oacity. I further agree		
	(Registered agent's signature)				
8. The name, title or capa	ncity and address of the person(s) who has/have authority to man	age is/are:			
Healthcare Trust of Amer	ica Holdings, LP - sole member				
16435 N. Scottsda	le Road Suite 320				
Scottsdale, AZ 852	254		11		
9. Attached is a certificate jurisdiction under the law of the translator must be so	1/2-	e official having custo e, a translation of the o	dy of records in the certificate under oath		
	Signature of an authorized person				
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), Florida Statutes. 1 of the Department of State constitutes a third degree felony as pro-	am aware that any false vided for in s.817.155,	e information F.S.		

Robert Milligan, Authorized Signatory/CFO of Sole Member

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HTA-CELEBRATION HOSPITAL MOB, 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 JUNE, A.D. 2017.

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

6427954 8300 SR# 20174502655



Authentication: 202634781

Date: 06-01-17