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.

(((H170001704203)))



H170001704203ABCW

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

: (512)418-6949

Fax Number

: (954)208-0845

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 OXFORD RETIREMENT RESIDENCE OPCO, LLC

Certificate of Status	· 0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

Y SULKER

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. Oxford Retirement Res			•	
(Name of Fore	ign Limited Liability Company;	must include "Limited Li	ability Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the pur	pose of transacting busine	ess in Florida. The alternate name r	nust include "Limited
2. Washington	·	3		•
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4.	•	m magn		
	(Date first transacted but (See sections 605.0904 & 6	siness in Florida, if prior 505.0905, F.S. to determin	to registration.) ne penalty liability)	
5. 12029 County Road 10)3			
Oxford, FL 34484				
	•	of Principal Office)		
6. 9310 NE Vancouver M	all Dr Suite 200		,	
Vancouver, WA 98662	2			
	(Maili	ng Address)		
7. Name and street addres	a of Florida registered agent:	(P.O. Box NOT accept	nable)	
Name:	C T Corporation System	<u> </u>		
Office Address:	1200 South Pine Island Roa	nd		UNI:
	Plantation		, Plorida <u>33324</u>	SE SE
	(City)		(Zip code)	S 🛊 🗇
designated in this applicate to complywith the provision accept the obligations of n	gistered agent and to accept s tion, I hereby accept the appo	olnument as registered he proper and complet nt.	he above stated limited liability agent and agree to act in this concepts for a duties, a	apacing Tfurther ogree "
	(Re	gistered agent's signature		
8. The name, title or capa Hawthorn IL Opco, LLC	city and address of the person Manager	(s) who has/have author	ority to manage is/are:	
9310 NE Vancouver Mall	Dr Suite 200			
Vancouver, WA 98662				
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the	e certificate is in a fore	icated by the official having cus ign language, a translation of th	stody of records in the e certificate under oath
	0 Signati	ure of an authorized perso		
			Statutes, I am aware that any fa lony as provided for in s.817.15	
	Jill Henry			
	Typed o	or printed name of signed		

(CARCAL)



1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

OXFORD RETIREMENT RESIDENCE OPCO, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 6/19/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Dates June 27, 2017 .

UBI: 604-141-307

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

