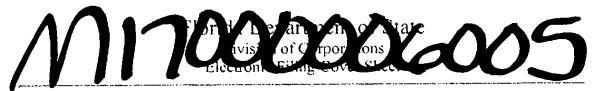
Division of Corporations



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COVER LETTER;

F SUBJECT: _	lawth <mark>o</mark> rn Senior Li	ving, LLC					
	Name of Limited Liability Company						
The enclosed " Existence, and	Application by For check are submitte	eign Limited Liability Comp d to register the above refere	only for Authoriza inced foreign limit	tion to Tra ed liability	nsuet Business in Florida," Certificate o e company to transact business in Florid		
Please return a	l correspondence o	concerning this matter to the	following:				
	Jill Hemy						
		Na	ame of Person				
	Hawthorn Seni	or Living, LLC					
	Firm/Company						
	9310 NE Vanc	ouver Mall Dr Suite 200					
			Address	<u> </u>			
	Vancouver, W						
		City/S	tate and Zip Code				
	Jill.Henry@Hav						
		E-mail address: (to be used	d for future annual	report not	iification)		
For further info	ormation concernit	ig this matter, please call:					
Jill 11	enry		503	586-73)			
	Name (of Contact Person	Area Code	Day	rtime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section building ecutive Center Circle see, FL 32301			
	heck for the follov 25.00 Filing Fee	ving amount: \$\int \frac{1}{2}\$130.00 Filing Fee & Certificate of Status	S155.00 Filis Certified Copy	_	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

	TION 605 (892, FLORIDA STATUTES) (SINTSS IN THE STATE OF FLORIDA:	THE FOLLOWING IS SUBMITTED TO REGISTER A	FOREICN IJMITED LIABILITY
Hawthorn Senior Living	g, LLC		
(Name of Fore	ign Limited Liability Company: must	melude "Limited Liability Company," "L.L.C" or	"LLC.")
(If name unavailable, enter al Liability Company," "L.I.,C."	ternale name adopted for the purpose	of transacting business in Florida. The alternate na	ne must include "Limited
Delaware	or Table)	3. 37-1860512	
2. (Jurisdiction under the law	of which foreign limited liability	3. (FEI number, it applicable)
company is organized)			
4	(Date first transacted business	s in Florida, if prior to registration.)	-
5 9310 NE Vancouver M	(See Sections doployed to doplo	905. F.S. to determine penalty liability)	
5. <u>1310 (18 Calledaver 1</u>			-
Vancouver, WA 98662			- 37 m
021011011	(Sucet Address of Pr	rincipat Office)	
6. 9310 NE Vancouver M	all Dr Suite 200		Slow or coll
Vancouver, WA 98662	2		g + M
	(Mailing A	ddress)	一多至口
7. Name and street address	s of Florida registered agent: (P.C). Box <u>NOT acceptable)</u>	ું છ
Name:	C T Corporation System		ilia 👺
Name.	1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·	FILED THE IN AM 9: 38 OKISION OF CORRECT MATICALS
Office Address:	1200 South Fine Island Room	2000	
	Plantation	, Florida 33324	_
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica to complywith the provisi accept the obligations of i	gistered agent and to accept servition, I hereby accept the appointmens of all statutes relative to the popy position as registered agent. CT Corporation Systems	ice of process for the above stated limited liab ment as registered agent and agrec to act in the proper and complete performance of my datie stem	is capacity. I further agree
8. The name, title or capa	acity and address of the person(s) v	who has/have authority to manage is/are:	
Columbia Pacific Advisor	rs, LLC - Manager		
1910 Fairview Ave E Sui	te 200		
Seattle, WA 98102			<u></u>
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the cer	rs old, duly authenticated by the official having rtificate is in a foreign language, a translation of the control of the control of an authorized person	custody of records in the of the certificate under oath
This document is executed submitted in a document to	t in accordance with section 605.01	203 (1) (b), Florida Statutes, I am aware that ar les a third degree felony as provided for in s.81	ny talse information 7.155, P.S.

Jill Henry - Authorized Representative

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 "HAWTHORN SENIOR LIVING, 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 THIRTY-FIRST DAY OF MAY, A.D. 2017.

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

ŧ.

6423775 8300

Authentication: 202625552

Date: 05-31-17