8/9/2017

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 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:	 	 
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# Foreign Limited Liability Company

# Mulligan Park Retirement Residence Opco, LLC

Certificate of Status	0
Certified Copy	0
Page Count	: 04
Estimated Charge	\$125.00

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Electronic Filing Menu Corporate Filing Menu

Help

### COVER LETTER

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Please re	turn a	Il correspondence (	concerning this matter to the	following:			
		Jill Henry					
		<u> </u>	K	ame of Person	<del></del>		
	Hawthorn Development LLC						
			Fi	rm/Company			
		9310 NE Vanc	ouver Mall Dr Suite 200				
		**************************************		Address			
	Vancouver, WA 98662						
			City/S	tate and Zip Code			
		Jill.Henry@Haw					
			E-mail address: (10 be used	for future annual	report not	ification)	
For furth	ner info	ormation concernin	g this matter, please call:				
	Jill H	enry		503	586-73	08 nime Telephone Number	
		Name (	of Contact Person	Area Code	Day	time Telephone Number	
	Divisi Regis P.O. I	ANG ADDRESS: on of Corporations tration Section Box 6327 nassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding sective Center Circle ec, FL 32301	
Enclosed		heck for the follow 25.00 Filing Fee	•	Certified Copy		☐ \$160.00 Filing Fee, Certified Copy	loate

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

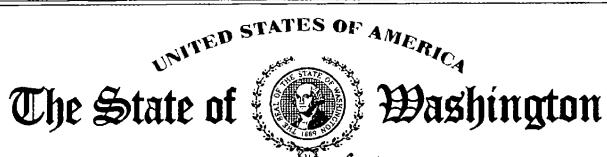
IN COMPLANCE WITH SECTION 0/5 0/02, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Mulligan Park Retirement Residence Opco, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 2. Washington (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) TANG-9 AM 9:46 1800 Hermitage Blvd Tallahassee, Fl. 32203 (Street Address of Principal Office) 9310 NE Vancouver Mall Dr Suite 200 Vancouver, WA 98662 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: 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 complywith 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 agent. C T Corporation System Jennifer Quinn, Asst Secretary & VP (Registered agent's signator) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Hawthorn IL Opco, LLC - Manager 9310 NE Vancouver Mall Dr Suite 200 Vancouver, WA 98662 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, P.S.

Typed or printed name of signee

Jill Henry - Authorized Representative

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Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its scal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

### MULLIGAN PARK 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 7/14/2017.

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.

Date: August 8, 2017

UBI: 604-146-908

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

Kim Wyman, Secretary of State

