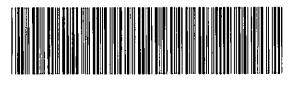
## M17000000326

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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|   |
| Office Use Only                         |



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2017 AUG 24 PH 2: 29

J. HARRIE

### CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

| PHO<br>CUS<br>FILI<br>(<br>1490 KI) | ING   | FOREIGN LLC VAY SENIOR HOUSING I PROPCO, LLC T#) |
|-------------------------------------|---|--|
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| IAL INSTRU                          | CTIONS:   |  |
|                                     |   |  |

### COVER LETTER

| 149                                   | 0 Killingswor                    | th Way Senior Housing I                                      | PROPCO, LLC  | • •                |  |
|---------------------------------------|----------------------------------|--|--|--------------------|--|
| SUBJECT:                              |                                  |  | of Limited Liability Con                           | npany              |  |
| The enclosed "Ap<br>Existence, and ch | plication by Fe<br>ck are submin | oreign Limited Liability Co<br>ted to register the above ref | mpany for Authorization<br>erenced foreign limited | n to Ti<br>liabili | ransact Business in Florida," Certificate of<br>ty company to transact business in Florida |
| Please return all c                   | оттевропфепсе                    | concerning this matter to ti                                 | he following:                                      |                    |  |
|                                       | S. David Set                     | znick  |  |                    |  |
|                                       |                                  |  | Name of Person                                     |                    |  |
|                                       | 1490 Killings                    | worth Way Senior Housi                                       | ng I PROPCO, LLC                                   |                    |  |
|                                       | -                                |  | Firm/Company                                       |                    |  |
|                                       | One Town C                       | enter Rd., Suite 300   |  |                    |  |
| •                                     | <u></u> -                        |  | Address  |                    |  |
|                                       | Boca Raton,                      | FL 33486   |  |                    |  |
| -                                     |                                  | City   | State and Zip Code                                 | <del></del>        |  |
| _                                     |                                  | E-mail address: (to be us                                    | ed for future annual rep                           | ort no             | tification)  |
| For further informa                   | ation concernir                  | ng this matter, please call:                                 | ·  |                    | ,  |
| S. David                              | Selznick                         |  | 561 3<br>at () _                                   | 300-62             | 263  |
|                                       |                                  | of Contact Person  | Area Code  | Day                | rtime Telephone Number   |
|                                       | G ADDRESS:                       |  | ST   | REET               | ADDRESS:   |
|                                       | of Corporations<br>on Section    | i  | Div  | vision             | of Corporations  |
| P.O. Box                              |                                  |  |  |                    | ion Section  |
|                                       | e, FL 32314                      |  |  |                    | uilding  |
|                                       | ·                                |  |  |                    | coutive Center Circle<br>see, FL 32301   |
| Enclosed is a check                   | for the follow                   |  |  |                    |  |
| <b>■ \$</b> 125.00                    | Filing Fee                       | ☐ \$130.00 Filing Fee &                                      | □ \$155.00 Filing Fe                               | e &                | ☐ \$160.00 Filing Fee, Certificate   |
|                                       |                                  | Certificate of Status  | Certified Copy                                     |                    | of Status & Certified Copy   |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2017

CORPORATE ACCESS
GLINDA

SUBJECT: 1490 KILLINGSWORTH WAY SENIOR HOUSING I PROPCO, 🚉 C

Ref. Number: W17000069983

We have received your document for 1490 KILLINGSWORTH WAY SENIOR HOUSING I PROPCO, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00017524



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

| 1490 Kilángsworth Way Senior Housing I PROPCO, LLC  (Name of Foreign Limited L |  | Way Senior Housing Laponer   | COLIC  |   |  |
|--|--|--|--|---|--|
| (Gireare unavailable, cinter silemate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.C."  Delative of the law of which foreign limited liability (FEI number, if applicable)  (Double first transacted business in Florida, if price to registeration.)  (Double first transacted business in Florida, if price to registeration.)  (Double first transacted business in Florida, if price to registeration.)  (Double first transacted business in Florida, if price to registeration.)  (Double first transacted business in Florida, if price to registeration.)  (Street Address) F.S. or determine penalty liability)  (Double first transacted business in Florida, if price to registeration.)  (Street Address) F.S. or determine penalty liability)  (Double Town Center Rd., Suite 300, Boca Raton, FL 33488  (Mailing Address)  ( | (Name of F   | oreign Limited Liability Company:  | DUST INCOME TO SERVICE OF THE SERVIC |   |  |
| Delegrate agent's acceptance:  (City)  |  |  |  |   |  |
| Delegrate agent's acceptance:  (City)  | (If name unavailable, enter<br>Liability Company," "L.L.   | r alternate name adopted for the purp C <sub>1</sub> " or "LLC.")  | ose of transacting business in Flo   | rida. The alternate nam   | e must include "Limited  |
| (Street Address of Final Registered Agents, Inc.  Office Address of Final Registered Agents, Inc.  Office Address of Final Registered Agents, Inc.  Office Address:    1200 South Pine Island Road   | , Delaware   |  |  |   |  |
| (Street Address of Final Registered Agents, Inc.  Office Address of Final Registered Agents, Inc.  Office Address of Final Registered Agents, Inc.  Office Address:    1200 South Pine Island Road   | Jurisdiction under the la  | w of which foreign limited liability   | 3  |   |  |
| Due [inst transacted business in Florida. [ prior to registration.] (See sections 60,9004 & 60,9005, F.S. to determine pensity liability)  5. One Town Center Rd., Suite 300, Boca Raton, FL 33488  (Surest Address of Principal Office)  (Surest Address of Principal Office)  (Mailing Address)  (Mailin | 4  | UPON FIL   | ·<br>/ ~ <   |   |  |
| (Street Address of Principal Office)  (Mailing Address)  (Cip Code)  ( |  | (Date lirst transacted business 605 000 and 605  | ness in Florida, il prior to registra  | ilion.)   |  |
| (Mailing Address)  (City)  (C | 5. One Town Center I   | Rd., Suite 300. Boca Raton, Fi   | 5.0905, F.S. to determine penalty<br>L 33486   | / liability)  |  |
| (Mailing Address)  (City)  (C |  |  |  | <del></del>   |  |
| (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: National Registered Agents, Inc.  Office Address: 1200 South Pine Island Road  Plantation   | One Tour Control   | (Street Address of   | Principal Office)  |   |  |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  National Registered Agents, Inc.  Office Address:  1200 South Pine Island Road  Plantation  (City)  (City)  (City)  (Cip code)  Registered agent's acceptance:  Invite been named at registered agent and to accept service of process for the above stated limited liability company at the place comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and comply the ability of my position as registered agent, and complete performance of my duties, and I am familiar with and state the ability of the person of my position as registered agent, and complete performance of my duties, and I am familiar with and state of the person of my position as registered agent, and complete performance of my duties, and I am familiar with and state of the person of my position as registered agent, and line of the person of my position. The name, title or capacity and address of the person of the person of my position. By:  (Registered agent's signature)  (Registered agent and agree to act in this capacity. I further agree complete performance of my duties, and I am familiar with and agree to act in this capacity. I further agree complete performance of my duties, and I am familiar with and agree to act in the order of my position of the certificate under oath the translator must be submitted)  (Registered agent's signature)  (Registered agent's agent and agree to act in this ca | 6. One lown Center R   | d., Suite 300. Boca Raton, FL  | 33486  |   |  |
| Name: National Registered Agents, Inc.  Office Address: 1200 South Pine Island Road  Plantation  Plantation  (City)  (City)  (Cip code)  Registered agent's acceptance: (City)  Registered agent and to accept service of process for the above stated limited Itability company at the place estignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree complying the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and complete accept the obligations of my position as registered agent.  By:  (Registered agent's signature)  Note that the provision of my position as registered agent.  Registered agent's signature)  Note that the provision of my position as registered agent.  Asst. Security to manage is/are:  (Depart Rabil, III - President, One Town Center Rd., Suite 300. Boca Raton, FL 33486  David Selznick- Vice President, One Town Center Rd., Suite 300. Boca Raton, FL 33486  David Selznick- Vice President and Treasurer, One Town Center Rd., Suite 300. Boca Raton, FL 33486  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the indication under the law of which it is organized. (If the portificate in a foreign language, a translation of the certificate under oath in the translator must be submitted)  Signature of an authorized person  is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information mutited in a document to the Department of State constitutes a third degree felony as provided for in s 817.155. F.S.  |  |  |  |   | 261<br>[A]   |
| Name: National Registered Agents, Inc.  Office Address:  1200 South Pine Island Road  Plantation  (City)  (Cit |  | Mailing  | Address  | <u> </u>  |  |
| Name: National Registered Agents, Inc.  National Registered Agents, Inc.  1200 South Pine Island Road  Plantation  (City)  (City)  (Cip code)  Registered agent's acceptance:  (City)  (City)  (Cip code)  Registered agent and to accept service of process for the above stated limited liability company at the place estignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and recept the obligations of my position as registered agent.  By:  (Registered agent's signature)  (Registered agent and Signature)  (Registered agent agent and Signature)  (Registered agent agent agent and sagere to act in this capacity. I further agree to act in this capacity. I further agent and agent a | Name and stress added  |  |  |   |  |
| Name:  1200 South Pine Island Road  Plantation  (City)  (City)  (City)  (Cip code)  (Cip c | . Marie and Sheet souls  |  |  |   | . N genta  |
| Plantation  (City)  (And Sianure)  (City)  (Ci | Name:  | National Registered Agents, Inc.   |  |   |  |
| Plantation .Florida 33324 (Zip code)  egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at the place asignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and complete the obligations of my position as registered agent.  By:  (Registered agent's signature)  (Registered agent's signature of signature of signature agent and agree to act in this capt in the particle of existence.  (Registered agent's signature of signature agent and agree to act in this capt in the particle of existence.  (Registered agent's signature of signature agent and agree to act in this capt in the particle of existence.  (Registered agent's  | Office Address:  | 1200 South Pine Island Road  |  |   |  |
| legistered agent's acceptance:  (Zip code)  (Zip code) |  | Plantation   |  | 22224   | . ••   |
| Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the ranslator must be submitted)  Signature of succeptation and reasurer. One Town Center Rd., Suite 300. Boca Raton, FL 33486  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the translator must be submitted)  Signature of an authorized person  sis document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided for in a \$17.155. E.C.   |  | (City)   | - Florid   | la  |  |
| Registered agent's signature)  (Registered agent's signature of the complete o |  | (City)   |  | (Z)D Code)  |  |
| (Registered agent's signature)  (Registered agent's sayanes  (Registered | Taying been named as re  | tance:   | VICE Of BEACES for the above   | • •   |  |
| The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Albert Rabil, III - President, One Town Center Rd., Suite 300. Boca Raton, FL 33486  David Setznick- Vice President, One Town Center Rd., Suite 300. Boca Raton, FL 33486  hris Phillips - Vice President and Treasurer, One Town Center Rd., Suite 300. Boca Raton, FL 33486  ussell M. Reiter - Secretary, One Town Center Rd., Suite 300. Boca Raton, FL 33486  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the conflicate in a foreign language, a translation of the certificate under oath the translator must be submitted)  Signature of an authorized person  is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information smitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155. E.S.   | Taving been named as re<br>esignated in this applica<br>complywith the provision<br>occept the obligations of n  | stance:  gistered agent and to accept servition, I hereby accept the appoint  ons of all statutes relative to the  my position as registered agent.  | vice of process for the above s<br>ment as registered agent and<br>proper and complete perform   | stated limited liabilin   | y company at the place<br>capacity. I further agree<br>and I am familiar with and  |
| The name, title or capacity and address of the person(s) who has/have authority to manage is/are:    Ibert Rabil, III - President, One Town Center Rd., Suite 300. Boca Raton, FL 33486  | laving been named as re<br>esignated in this applica<br>complywith the provision<br>occept the obligations of a  | tance: rgistered agent and to accept servitors, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. By:   | proper and complete perform  | stated limited liabilin   | y company at the place<br>capacity. I further agree<br>and I am familiar with and  |
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| David Selznick- Vice President, One Town Center Rd., Suite 300. Boca Raton, FL 33486  hris Phillips - Vice President and Treasurer, One Town Center Rd., Suite 300. Boca Raton, FL 33486  ussell M. Reiter - Secretary, One Town Center Rd., Suite 300. Boca Raton, FL 33486  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the isdiction under the law of which it is organized. (If the certificate in a foreign language, a translation of the certificate under oath the translator must be submitted)  Signature of an authorized person  is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information mitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155. E.S.  | faving been named as resignated in this application complywith the provision of a complywith the obligations of a complywith the rame, title or capa   | stance: registered agent and to accept services, I hereby accept the appoint one of all statutes relative to the my position as registered agent.  By:  (Registered address of the person(s)   | proper and complete perform  and agent's signature)  | stated limited liability agree to act in this cance of my duties, a   | capacity. I further agree<br>and I am familiar with and  |
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| is document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information mitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817,155, E.S.   | Javing been named as re- esignated in this applicant of complywith the provision of the obligations of a  The name, title or capa- bert Rabil, III - Preside  David Setznick- Vice hris Phillips - Vice Pres ussell M. Refter - Secre Attached is a certificate of   | respective agent and to accept sential | proper and complete perform  ared agent's signature)  who has/have authority to mail ite 300. Boca Raton, FL 33  Rd., Suite 300. Boca Raton  who Center Rd., Suite 300. E-  suite 300. Boca Raton, FL 3  | stated limited liability agree to act in this cance of my duties, a mage is/are: 486  FL 33486  Boca Raton, FL 334  | capacity. I further agree and I am familiar with a market wit |
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Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1490 KILLINGSWORTH WAY SENIOR HOUSING

I PROPCO, 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 TWENTY-THIRD DAY OF

AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1490

KILLINGSWORTH WAY SENIOR HOUSING I PROPCO, LLC" WAS FORMED ON THE

ELEVENTH DAY OF AUGUST, A.D. 2017.

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

Authentication: 203107806

Date: 08-23-17

6508224 8300 SR# 20175856630