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.

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(((H17000298840 3)))

Division of Corporations

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To:		-
	Division of Corporations Fax Number : (850)617-6383	
		3
From:	Account Name : C T CORPORATION SYSTEM	Q H
	Account Number : FCA000000023	50
	Phone : (512)418-6949	200 200
	Fax Number : (954)208-0845	× de
		AM 8: 27
	he email address for this business entity to be used for future	2
anni	ual report mailings. Enter only one email address please.**	
Ema	il Address:	
	Foreign Limited Liability Company	
	CPF - Grace Management, LLC	
	Certificate of Status 0	
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November 14, 2017

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C T CORPORATION SYSTEM

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUBJECT: CPF - GRACE MANAGEMENT, LLC REF: W17000090537

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE LIST ONLY THE ENTITY AUTHORIZED TO MANAGE CPF - GRACE MANAGEMENT, LLC. IF IT IS CPF SENIOR LIVING ACQUISITIONS, LLC I NEED THE TITLE OF THAT ENTITY.,

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.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H17000298840 Letter Number: 917A00022980

P.O BOX 6327 - Tailahassee, Florida 32314

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	C	OVER LETTER		
TO: Registration Section	1			
Division of Corporati	ons			
CPF - Grace Man	agément, LLC			
SUBJECT:				
	1	f Limited Liability C	•	
The enclosed "Application by F Existence, and check are submit	oreign Limited Liability Con ted to register the above refe	npany for Authorizat renced foreign limite	ion to Transact Business in Florida," Ce ed liability company to transact business	tificate of in Florida.
Please return all correspondence	concerning this matter to th	c following:		
Jat Flatt				
	<u> </u>		1	
	1	Name of Person	,	
CPF Senior L	iving Acquisitions, LLC			
		irm/Company		
	1	nur Company		
980 N. Michig	zan Avenue, Suite 1998			
	n	Address	and the second	
Chicago, IL 6	N611			
	City/S	State and Zip Code		
jflatt@cpfounde	ers.com		1	
	E-mail address: (to be use	d for future annual r	port notification)	
For further information concerning	ng this matter, please call:			
Meghan McDonald		847	324-7994	
		_ at ()	······································	
Name	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS	L	<u>s</u>	TREET ADDRESS:	
Division of Corporation Registration Section	S		Division of Corporations	
P.O. Box 6327			egistration Section	
Tallahassee, FL 32314		2	661 Executive Center Circle	
		Т	allabassee, FL 32301	
Enclosed is a check for the follow				
S125.00 Filing Fee	□ \$130.00 Filing Fee &	□ \$155.00 Filing		ate
1	Certificate of Status	Certified Copy	of Status & Certified Copy	
l.				
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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:

		orida". The alternate name must include "Linited Liability Company," "LL	
elaware		3. 81-2591384	
erisdiction under the law of w	tich foreign limited liability company is organized)	(FEI number, if applicable)	
	1	T T	
	(Dete first transacted business in Florida, if ever to	remistration.	
	Dete first transacted business in Florida, if prior to (See sections 603.0904 & 603.0905, F.S. to determ	the penalty liability)	
80 N. Michigan Aver		6. 980 N. Michigan Avenue, Ste 1998	2
(Sireet Address of)	Tincipal Office)	(Mailing Address)	
nicago, IL 60611	<u> </u>	Chicago, IL 60611	ち
		· <u> </u>	Z
			(
1. 1. 11			
ne and street addres	s of Florida registered agent: (P.O. Bo)	(<u>NOT</u> acceptable)	
Name:	CT Corporation System		
INALISC.		<u> </u>	
Office Address:	1200 South Pine Island Road		
	······································		
	Plantation	; Florida <u>33324</u>	
	(City)	(Zip code)	

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 comply with 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.

	Č	MARTHNAID	Christine Kelm Assistant Secretary	
		(Registered agent		
8.	The name, title or capacity a	hd address of the person(s) who l	has/have authority to manage is/are:	
	Title or Capacity:	Name and Address:	Title ör Capselty:	Name and Address:

Intle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
·	Please see attachment.	f .	
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(Use attachments if necessary)

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)

10. 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 constitution third degree felops, s provided for in s.817.155, F.S.

Signature of an authorized person

Meghan McDonald, Authorized Person

Typed or printed name of signee

Title or Capacity: CEO and President

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<u>Title or Capacity:</u> CFO

Name and Address: John RIJOS, CPF SENIOR LIVING ACOUISITIONS, LLC 980 N. Michigan Ave., Suite 1998 Chicago, IL 60611

Name and Address: JAY FLATT, CPF SENIOR LIVING ACQUISITIONS, LLC

980 N. Michigan Ave., Suite 1998 Chicago, IL 60611

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CPF - GRACE MANAGEMENT, 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 TENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN



a. Secretary of State

Authentication: 203553290 Date: 11-10-17

Page 1

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SR# 20177035540 You may verify this certificate online at corp.delaware.gov/authver.shtml