

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : QUARLES & BRADY OF TAMPA, LLP  
Account Number : 1201000003338  
Phone : (813) 387-0285  
Fax Number : (813) 387-1600

**\*\*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  
TH BRADENTON 1505 53RD AVE LLC**

Certificate of Status	0
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Corporate Filing Menu

Help

D. SCOTT

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TH BRADENTON 1505 53RD AVE LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LAURA LIGHTHOLDER

Name of Person

QUARLES & BRADY LLP

Firm/Company

411 EAST WISCONSIN AVE, SUITE 2350

Address

MILWAUKEE, WI 53202

City/State and Zip Code

Susan.Lapinski@quarles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA LIGHTHOLDER

Name of Contact Person

414

Area Code

277-5387

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

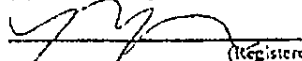
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TH BRADENTON 1505 53RD AVE 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. DELAWARE 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. UPON FILING  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3000 OLYMPIC BLVD., SUITE 2120  
SANTA MONICA, CA 90404  
(Street Address of Principal Office)
6. 3000 OLYMPIC BLVD., SUITE 2120  
SANTA MONICA, CA 90404  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: COGENCY GLOBAL INC.
- Office Address: 115 NORTH CALHOUN ST., SUITE 4  
TALLAHASSEE, Florida 32301  
(City) (Zip code)

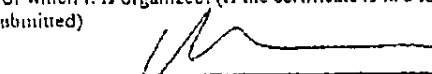
Registered agent's acceptance:

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.

 Maria Baulista, Assistant Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
- TURNER HEALTHCARE FACILITIES FUND LLC, Member
- 3000 OLYMPIC BLVD., SUITE 2120
- SANTA MONICA, CA 90404

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, F.S.

Bari Cooper Sherman, Authorized Person  
Typed or printed name of signer

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "TH BRADENTON 1505 53RD AVE 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 ELEVENTH DAY OF DECEMBER, A.D. 2017.

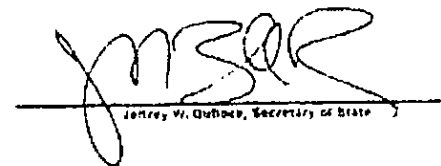
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2017 DEC 15 A 8:52  
J. BULLOCK



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SR# 20177506311

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203734120

Date: 12-11-17