2/5/2018

Division of Corporations

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.

(((H18000042470 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this pages Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (852)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

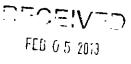
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

Foreign Limited Liability Company Care RSL PronCo GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



File Second - 2 of 3 - File with H18000042455 and H18000042476

Electronic Filing Menu Corporate Filing Menu

Help

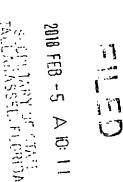
tre name the decrete startage is believed. (Insiderant under the low of wind the startage of t	ich lberigs limitett linislity to impuny is esgamizac)	od Lightlity Company, ""LL U.," or "LLC.") sanda. The alternaty some rules och de "Limited Limbby C. 3,	
Delayvare (Sanderen waler to: bwaf wa 14390 Clay Terrace Bl	ich lberigs limitett linislity to impuny is esgamizac)	and the second second	
Delaware (Intelestation balleton balleton) 14390 Clay Terrace Bl	ich lberigs limitett linislity to impuny is esgamizac)	and the second second	
(Innideas) sale the bwofwn		3,	
14390 Clay Terrace Bl			upplacante)
14390 Clay Terrace Bh			
14390 Clay Terrace/Bl		o meistration	
14390 Clay Terrace Bh	(Date first transmitted Licensess in Florida, if prior to San accresses 605 0904 & 605,0905, F.S. to determ	•	_
_ 	vd., #205	6. 14390 Clay Terrace Blvd., #200	<u> </u>
(Street Address of P Carried, Indiana 46032		Carmel, Indiana 46032	
amile, marana socia			دم دے
	man, manana yaga digir garapa ya aya aya aya aya aya aya aya aya a		= ==
	<u> </u>	:	世里五
lame and street address	s of Florida registered agent: (P.D. Bo	% <u>NOT</u> receptable)	部田
Namet	C.T.Corporation System		表表 人
	1200 South Pine Island Read		3.20
Office Address:			TE D
	Plantation	, Florida 33324 (Zp costs)	***
ing been named as re ynated in this opplica onaly with the provisi	inove: gistered agent and to uccept service o tion, I hereby accept the appointment lans of all statutes relative to the prop s of my position as registered agent.	f process for the above stated limited lial as registered agent and agree to act in the and complete performance of my dution Alfred Vo	billy company at the his capacity. I furth es, and I am fumille UNAN
ving been named as re ignated in this opplica compty with the provisi I accept the obligation	thore: gistered agent and to occept service of tion. I hereby accept the appointment lons of all statutes relative to the props s of my position as registered agent. By: GT Corporation System legitured uses	f process for the above stated limited liab as registered agent and agree to act in the er and complete performance of my dution Alfred You Assistant-Se	billy company at the his capacity. I furth es, and I am fumille UNAN
ving been named as re ignated in this applica comply with the provisi d accept the obligation. The name, title or capi	thore: gistered agent and to occept service of tion. I hereby accept the appointment lons of all statutes relative to the props s of my position as registered agent. By: The Corposition System Regimend agent acity and address of the person(s) who	f process for the above stated limited liab as registered agent and agree to act in the er and complete performance of my dution Alfred You Assistant Semans)	billy company at the his capacity. I furth es, and I am fumille UNAN
wing been named as re ignated in this opplica comply with the provisi I accept the obligation. The name, title or capt Title or Capacity:	thore: gistered agent and to accept service of thom. I hereby accept the appointment lons of all statutes relative to the prop is of my position as registered agent. By: GT Corporation System regimend agent beity and address of the person(s) who Name and Address:	f process for the above stated limited liab as registered agent and agree to act in the and complete performance of my duth Alfred You Assistant Seminary	bility company at the his capacity. I furth es, and I am fumilia UNAN ECRETATY
signated in this opplica comply with the provisi if accept the obligations The name, title or capi	thore: gistered agent and to occept service of tion. I hereby accept the appointment lons of all statutes relative to the props s of my position as registered agent. By: The Corposition System Regimend agent acity and address of the person(s) who	Assistant Security to manage issue: Title or Capacity:	bility company at the his capacity. I furth es, and I am fumilia UNAN ECRETATY
wing been named as re signated in this opplica comply with the provisi d accept the obligation. The name, title or capt	inore: gistered agent and to occept service of the appointment tons of all statutes relative to the proposition as registered agent. [3y: Temposition System registered agent for and address of the person(s) who Name and Address: Care RSL RE LP [14390] Chy Tetrace Blvd.	Assistant Security to manage issue: Title or Capacity:	bility company at the his capacity. I furth es, and I am fumilia UNAN ECRETATY
other been named as re ignated in this opplica omply with the provisit accept the obligations The name, title or capt Title or Capacity:	inore: gistered agent and to occept service of the appointment tons of all statutes relative to the proposition as registered agent. [3y: Temposition System registered agent for and address of the person(s) who Name and Address: Care RSL RE LP [14390] Chy Tetrace Blvd.	Assistant Security to manage issue: Title or Capacity:	bility company at the his capacity. I furth es, and I am fumilia UNAN ECRETATY
other been named as re ignated in this opplica omply with the provisit accept the obligations The name, title or capt Title or Capacity:	inore: gistered agent and to occept service of the appointment tons of all statutes relative to the proposition as registered agent. [3y: Temposition System registered agent for and address of the person(s) who Name and Address: Care RSL RE LP [14390] Chy Tetrace Blvd.	Assistant Security to manage issue: Title or Capacity:	bility company at the his capacity. I furth es, and I am fumilia UNAN ECRETATY



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARE RSL PROPCO GP 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 FIFTH DAY OF FEBRUARY, A.D. 2018.

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



6735823 8300 SR# 20180722515

Authentication: 202090582

Date: 02-05-18

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