

M18000002270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

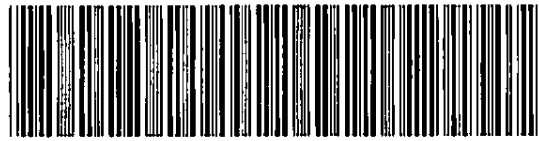
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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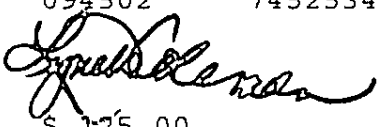
RECEIVED
DEPARTMENT OF STATE
18 MAR - 6 PM 4: 20

FILED
18 MAR - 8 AM 9: 49

MAR 07 2018

Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 094502 7452534
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : March 2, 2018
ORDER TIME : 2:59 PM
ORDER NO. : 094502-025
CUSTOMER NO: 7452534

FOREIGN FILINGS

NAME: HCP SENIOR HOUSING PROPERTIES,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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. HCP Senior Housing Properties, 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. 81-1339893
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>c/o HCP, Inc.</u> <small>(Street Address of Principal Office)</small> <u>1920 Main Street, Suite 1200</u> <u>Irvine, CA 92614</u>	6. <u>c/o HCP, Inc.</u> <small>(Mailing Address)</small> <u>1920 Main Street, Suite 1200</u> <u>Irvine, CA 92614</u>
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 HAYS STREET
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.

Roxanne Turner
(Registered agent's signature)

Roxanne Turner
 Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>HCP, Inc.</u> <u>1920 Main St., Ste 1200</u> <u>Irvine, 92614</u>	<u>Senior Vice President</u>	<u>Paul R. Boethel</u> <u>1920 Main St., Ste 1200</u> <u>Irvine, 92614</u>
<u>Executive Vice President</u>	<u>Kendall K. Young</u> <u>1920 Main St., Ste 1200</u> <u>Irvine, 92614</u>	<u>Vice President</u>	<u>Matthew M. Harrison</u> <u>1920 Main St., Ste 1200</u> <u>Irvine, 92614</u>

(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 constitutes a third degree felony as provided for in s.817.155, F.S.

Kendall K. Young
Signature of an authorized person

Kendall K. Young

Typed or printed name of signee

Delaware

Page 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCP SENIOR HOUSING PROPERTIES, 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 MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HCP SENIOR HOUSING PROPERTIES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2012.

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

18 MAR - 9 AM 9:49
SECRETARY'S OFFICE




Jeffrey W. Bullock, Secretary of State

5229415 8300

SR# 20181694167

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

Authentication: 202252847

Date: 03-05-18