11/8000005576

(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:

Office Use Only



100312937891

K. SALY JUN 1 4 2018



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	•	I20000000195
VCCCONI	110.	•	1200000001

REFERENCE : 253909 4302815

AUTHORIZATION

COST LIMIT : U\$\125.00

ORDER DATE: June 13, 2018

ORDER TIME : 1:27 PM

ORDER NO. : 253909-005

CUSTOMER NO: 4302815

FOREIGN FILINGS

NAME: BISHOP LAKE WORTH LESSEE 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: Emily Croft -- EXT# 62925

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 HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	Limited Liability Company; must include "	Limited Liability Com	pany, L.L.C., or LLC.	")
	ame adopted for the purpose of transacting busines	e in Florida. The alternate	name must include "Limited Li	ability Company, ""il., C." or "LLC.")
	aine adopted for the purpose of transacting outlines	S III FIORIGE, SING MACTIMALE	talle lists french in the all	acting Confuny, Tanger in Sec. 7
DELAWARE	inch foreign limited liability company is organized)	3.,	(FE) num	nber, if applicable)
(Valuation of Grades 11th 15th 51 th				
		·		 ,
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to	prior to registration) determine penalty liability	<i>.</i>	
c/o Apollo - 9 W 57th	Street, 43rd Floor	6. sam		
(Street Address of Principal Office)			(Mailing Ad	dress)
New York, NY 10019				
Attn: Tracey Gamble				يع ــــــــــــــــــــــــــــــــــــ
	•			= = = =
Name and street address	ss of Florida registered agent: (P.O	Box <u>NOT</u> accep	ntable)	
N1	Corporation Service Company			مامد پیران این این این این این این این این این ا
Name:			_	<u>い</u> ここの
Office Address:	1201 Hays Street			
	Tallahassee		, Florida <u>32301</u>	宣司
	(City)		, FIOTIUA(Zip co	ode)
comply with the provis-	tion, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agen Corporation Service Company	nent as registered roper and comple at.	agent and agree to ac	u duties, and I am familiar w Emily Croft
comply with the provising accept the obligation The name, title or cap	ation, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agent Corporation Service Company By: (Registered acity and address of the person(s) we	nent as registered roper and complete. agent's signature) who has/have autility	agent and agree to accept performance of my	Emily Croft Asst. Vice President
comply with the provising accept the obligation	ation, I hereby accept the appointment ions of all statutes relative to the period of my position as registered agent Corporation Service Company By: (Registered acity and address of the person(s) when it is not contained to the person of	nent as registered roper and complete. agent's signature) who has/have authorities	agent and agree to accept performance of my	to this capacity. I further to duties, and I am familiar w Emily Croft Asst. Vice Presiden
comply with the provising accept the obligation The name, title or cap	ation, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agent Corporation Service Company By: (Registered acity and address of the person(s) we	nent as registered roper and complete. agent's signature) who has/have authorities ongs	agent and agree to accept performance of my	Emily Croft Asst. Vice President
comply with the provision accept the obligation The name, title or capacity:	tion, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agen Corporation Service Company By: (Registered active and address of the person(s) was Name and Address: Bishop Sr. Living Holdico Apollo - 9 W 57th S	nent as registered roper and complete. agent's signature) who has/have authorities ongs	agent and agree to accept performance of my	Emily Croft Asst. Vice President
comply with the provise d accept the obligation The name, title or capacity:	tion, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agen Corporation Service Company By: (Registered active and address of the person(s) was Name and Address: Bishop Sr. Living Holdico Apollo - 9 W 57th S	nent as registered roper and complete. agent's signature) who has/have authorities ongs	agent and agree to accept performance of my	Emily Croft Asst. Vice President
comply with the provising accept the obligation The name, title or capacity:	tion, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agen Corporation Service Company By: (Registered active and address of the person(s) was Name and Address: Bishop Sr. Living Holdico Apollo - 9 W 57th S	nent as registered roper and complete. agent's signature) who has/have authorities ongs	agent and agree to accept performance of my	Emily Croft Asst. Vice President
comply with the provising accept the obligation. The name, title or caparity: Manager	action, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agen Corporation Service Company By: (Registered actity and address of the person(s) w Name and Address: Bishop Sr. Living Holdi c/o Apollo - 9 W 57th S New York, NY 10019	nent as registered roper and complete. agent's signature) who has/have authorities ongs	agent and agree to accept performance of my	Emily Croft Asst. Vice President
comply with the provised accept the obligation The name, title or cap. Title or Capacity: Manager Use attachments if neces	action, I hereby accept the appointmins of all statutes relative to the position as registered agent Corporation Service Company By: (Registered active and address of the person(s) was and Address: Bishop Sr. Living Holdicology Company Bishop Sr. Living Holdicology Apollo - 9 W 57th Service New York, NY 10019	nent as registered roper and complete. agent's signature) who has/have authorities ongs	agent and agree to acte performance of my Only Ority to managefulare: or Capacity:	Asst. Vice President Name and Address:
comply with the provisal accept the obligation The name, title or cap. Title or Capacity: Manager Use attachments if neces.	action, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agen Corporation Service Company By: (Registered active and address of the person(s) was Name and Address: Bishop Sr. Living Holdicolor (20 Apollo - 9 W 57th Service) New York, NY 10019 ssary) e of existence, no more than 90 days of which it is organized. (If the cer	nent as registered roper and complete. agent's signature) who has/have autility Title of the complete of th	or Capacity:	Asst. Vice President Name and Address: having custody of records in the state of
comply with the provisal accept the obligation The name, title or capacity: Manager Use attachments if necess Attached is a certificate or is diction under the law of the translator must be seen. This document is executed as a certificate or is diction under the law of the translator must be seen.	action, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agen Corporation Service Company By: (Registered active and address of the person(s) was Name and Address: Bishop Sr. Living Holdicolor (20 Apollo - 9 W 57th Service) New York, NY 10019 ssary) e of existence, no more than 90 days of which it is organized. (If the cer	s old, duly authent tificate is in a fore	agent and agree to acted performance of my office performance of the performance perfo	Asst. Vice Presider Name and Address: having custody of records in the attention of the certificate under the arre that any false information
comply with the provisal accept the obligation The name, title or capacity: Manager Use attachments if necess Attached is a certificate or is diction under the law of the translator must be seen. This document is executed as a certificate or is diction under the law of the translator must be seen.	action, I hereby accept the appointmions of all statutes relative to the p s of my position as registered agen Corporation Service Company By: (Registered active and address of the person(s) was Name and Address: Bishop Sr. Living Holdicolor Control Service State of the person of	s old, duly authent tificate is in a fore	agent and agree to acted performance of my office performance of the performance perfo	Asst. Vice Presider Name and Address: having custody of records in the attention of the certificate under the arre that any false information

Typed or printed name of signee

Linda Feldman, Authorized Person

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BISHOP LAKE WORTH LESSEE 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 THIRTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BISHOP LAKE"

WORTH LESSEE LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2018.

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

SECRETARY OF STATE



Authentication: 202873420

Date: 06-13-18

6921126 8300 SR# 20185122887