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# Foreign Limited Liability Company Valrico Retirement Residence Opco, LLC

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

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY.

COMPANYTOTRANSACT BU	SINESS IN THE STATE OF FLORIDA:					
1. Valrico Retirement Res	dence Opco, LLC		BW 1 0 2 W 10 8			-
(Name of Foreign 1	amited Liability Company; must include "Limited	LIABIII	y Company, L.L.C., or DEC. )			
(If name unavailable, error alternate no	encladopted for the purpose of transacting business in Flori	ida. The a	komute narre mest include "Limited Liab	nhry Comptay," "L.L.C."	x "LLC.")	
2. Washington	<u> </u>	3.				
(Jurisdiction under the law of wh	ich foreign lumted frability company is erganized)		(FEI numb	er, if applicable)		
4.						
	(Date first transpored business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine					
5. 9310 NE Vancouver M	all Dr Ste 200	6.	9310 NE Vancouver Mall I	Or Sto 200		
Vancouver, WA 98662	•		Vancouver, WA 98662		===	
				74	5	
				25	2	=
7. Name and street address	of Florida registered agent: (P.O. Box	<u> </u>	acceptable)	SES SES	o,	OB TE
Name:	C T Corporation System			11 C	골	<b>4.</b>
	1200 South Pine Island Road			0 5	13	
Office Address:			33324	200 A	9	
	Plantation (City)		, Florida <u>33324</u> (Zip code	<del></del>	_	
Registered agent's accep-	fance:		South and are stated theilead	Habilin compan	at tha	doce
designated in this applica.	gistered agent and to accept service of p tion, I hereby accept the appointment as	regist	ered agent and agree to act	in this capacity.	i furthei	agree
to comply with the provist	ons of all statutes relative to the proper	and co	implete performance of my o	duties, and I am f	amiliar	with
	of my position as registered agent.  C T Corporation System	۶	Bree Zahner, Asst Secret	ary Drus	L 3/	<u></u>
	By: C 1 Corporation System (Registered agent's a					
	•	-				
<ol> <li>The name, title or caps</li> <li>Title or Capacity:</li> </ol>	icity and address of the person(s) who ha Name and Address:	s/have <u>T</u>	authority to manage is/are: itle or Capacity:	Name and Ade	<u>iress:</u>	
Managing-Member	Hawthorn IL Opco, LLC		·	<del></del>		
	9310 NE Vancouver Mall Dr Vancouver, WA 98662	-				
Authorized Rep	Jill Henry 9310 NE Vancouver Mail Dr					
	Vancouver, WA 98662	-				
(Use attachments if neces	sary)					
9. Attached is a certificate	of existence, no more than 90 days old, of	duly ac	thenticated by the official ha	iving custody of re	cords in	the
jurisdiction under the law of the translator must be s	of which it is organized. (If the certificate	e is in a	a foreign language, a translat	ion of the certifica	ite under	r oath
10. This document is exec	uted in accordance with section 605.0203 the Department of State constitutes a thi	) (1) (b ird deg	), Florida Statutes, I am awar ree felony as provided for in	e that any false in s.817.155, P.S.	formatio	n
	- i					
	gil denny	of an and	sortzed person			
	(d) Manage					
	Jill Henry Typed or	printed a	and of signed			



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

## VALRICO RETIREMENT RESIDENCE OPCO, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/15/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for tiling and that proceedings for administrative dissolution are not pending.

> Issued Date: UBI Number:

604 370

Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 11/21/2018





