

2/12/2019

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Division of Corporations
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To: Division of Corporations
Fax Number : (850)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 Propero III Brooksville, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Propero III Brooksville, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Ohio
(Jurisdiction under law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Last Post-registered business in Florida, if prior to registration)
(See sections 605.091 & 605.092, F.S. to determine priority liability.)

5. 65 E State Street, Fl 16
(Street Address of Principal Office)

6. 65 E State Street, Fl 16
(Mailing Address)

Columbus, OH 43215
(City, State, and Zip Code)

Columbus, OH 43215
(City, State, and Zip Code)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

James M. Halpin
James M. Halpin
Assistant Secretary
(Registered agent's signature)

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2019 FEB 13 A 6:59
CLERK OF CIRCUIT COURT
JANASSA E. FLORES

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Propero Senior Housing</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>Equity Fund III, LLC</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>65-E State Street, Fl 16</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Columbus, OH 43215</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.817.125, F.S.

Nicholas M. Gesue

 Signature of an authorized person

Nicholas M. Gesue

 Typed or printed name of signer

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 CLERK OF COURT
 ALABAMA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show PROPERO III BROOKSVILLE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4290658, was organized within the State of Ohio on February 6, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.

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OHIO SECRETARY OF STATE
COLUMBUS, OHIO



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of February, A.D. 2019.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201903901944



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/07/2019	201903702820	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG.(LCP)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

LANCASTER POLLARD MORTGAGE COMPANY
TIMOTHY J. DOBYNS, ESQ.
65 EAST STATE STREET, 16TH FLOOR
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4290658

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

PROPERO III BROOKSVILLE, LLC

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Effective Date: 02/06/2019

Document No(s):

201903702820



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
7th day of February, A.D. 2019.

Frank LaRose
Ohio Secretary of State

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STATE OF OHIO
TALLAHASSEE FLORIDA

FILED