

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H19000161819 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-6383

13311-1

From:

Account Name

: NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

Account Number

: 120010000202 (941) 954-4691 Phone

Fax Number

: (941)954-2128

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

Email Address:__

UT. Ċ

corporation@nhlslaw.com



,	
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Z BROWN

MAY 2 0 2019

Electronic Filing Menu

Corporate Filing Menu

Help

11900	01618143	10: '9319'13311#1'185081/	R LETTER	1/9 Date: 5/1	7/2019 11:54:48 AM
	† Registration Section Division of Corporation		RGETTER		
SUBJEC	Preferred Senior Ho	using Fund, LLC			
		Name of Lin	tited Liability Cor	npany	
The enclose Existence,	sed "Application by For, and check are submitted	eign Limited Liability Compan I to register the above reference	y for Authorizatio ed foreign limited	n to Transact Bi liability compai	nsiness in Florida," Certificate of ny to transact business in Florida
Please retu	urn all correspondence c	oncerning this matter to the fol	lowing:	,	
	John M. Compt	on or Sarah R. Davis		•	
		Name	of Person		
	Norton, Hammo	ersley, Lopez, & Skokos, P.A.			
		Firm	'Company		
	1819 Main Stre	Preferred Senior Housing Fund, LLC Name of Limited Liability Company d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificated check are submitted to register the above referenced foreign limited liability company to transact business in Florida and check are submitted to register the above referenced foreign limited liability company to transact business in Florida and correspondence concerning this matter to the following: John M. Compton or Sarah R. Davis Name of Person Norton, Hammersley, Lopez, & Skokos, P.A. Firm/Company 1819 Main Street, Suite 610 Address Sarasota, Florida 34236 City/State and Zip Code corporation@nhislaw.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: ah R. Davis Name of Contact Person Area Code STREET ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations			
		A	ddress	:	
	Sarasota, Florid	a 34236	Name of Limited Liability Company inted Liability Company for Authorization to Transact Business in Florida," Certificate of iter the above referenced foreign limited liability company to transact business in Florida in githis matter to the following: rah R. Davis Name of Person opez, & Skokos, P.A. Firm/Company 610 Address City/State and Zip Code address: (to be used for future annual report notification) tter, please call: 941 954-4691 at (
		City/State	and Zip Code		
	corporation@nhis	sław.com			
			r future annual re	port notification)
For further	r information concerning	this matter, please call:			
S -	Sarah R. Davis		. * * *	954-4691	
	Name of	Contact Person	Area Code	Daytime Tel	ephone Number
D R P	LAILING ADDRESS: Division of Corporations egistration Section .O. Box 6327 allahassee, FL 32314		Di Re Ci 26	ivision of Corpo	rations on enter Circle
E P	nclosed is a check for th lease make check payabl	e following amount: e to: FLORIDA DEPARTMI	ENT OF STATE	:	
	S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified (\$160.00 Filing Fee, Certificate of Status & Certified Copy

Page: 5/9 Date: 5/17/2019 11:54:48 AM

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

1. ame in i meign	R HOUSING FUND, LLC a Limited Liability Company; must include "Limite	ed Linhibity Company," "L.L.C.," or "LLC.")			
			į		
mme imavailable, enter alternate	name adopted for the purpose of transacting business in Flo	onda, The alternate name must include "Limited Liebblin	y Company," "C L C," or "LLC,")		
DELAWARE		83-4614423	•		
(Jurisdiction under the law of w	vliich foreign limited liability company is organized)	(FE) number, if applicable)			
MAY 17, 2019					
	(Date first transacted business in Florida, if prior to (See sections 605,0004 & 605,0005, F.S. to determ	registration.)			
8000 HAWKINS ROA		8000 HAWKINS ROAD	:		
(Street Address of	Principal Office)	6. (Mailing Address)	<u> </u>		
SARASOTA, FL 3424	4	SARASOTA, FL 34241	1		
			1		
		•			
·					
Name and street address	ss of Florida registered agent: (P.O. Box	: NOT acceptable)	7		
		;	C. str		
		· ·			
Name:	JOHN M. COMPTON				
Name:		<u> </u>			
Name: Office Address:	JOHN M. COMPTON 1819 MAIN STREET, SUITE 610		7 7 7 2		
		34236	7 7 24		
	1819 MAIN STREET, SUITE 610 SARASOTA	34236 , Florida	7 M 7: 24		
Office Address:	1819 MAIN STREET, SUITE 610 SARASOTA (City)		7.24		
Office Address: gistered agent's accep ving been named as re	1819 MAIN STREET, SUITE 610 SARASOTA (City) Stance: Expistered agent and to accept service of a	, Florida (Zip code)	7.24		
Office Address: gistered agent's accep wing been named as re- signated in this applica	SARASOTA (City) Stance: egistered agent and to accept service of patient, I hereby accept the appointment at	Florida (Zip code) process for the above stated limited lia s realstered agent and agree to act in the	bility company at the p.		
Office Address: gistered agent's accepting been named as resignated in this applications with the provisi	1819 MAIN STREET, SUITE 610 SARASOTA (City) Stance: Expistered agent and to accept service of a	Florida (Zip code) process for the above stated limited lia s realstered agent and agree to act in the	bility company at the p.		
Office Address: gistered agent's accepting been named as resignated in this applications with the provisi	SARASOTA (City) stance: egistered agent and to accept service of patient, I hereby accept the appointment accepts of all statutes relative to the proper	Florida (Zip code) process for the above stated limited lia s realstered agent and agree to act in the	bility company at the p.		
Office Address: gistered agent's accepting been named as resignated in this applications with the provisi	SARASOTA (City) otance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position ax registered agent.	Florida (Zip code) process for the above stated limited lia s registered agent and agree to act in the and complete performance of my duty	bility company at the p.		
Office Address: gistered agent's accepting been named as resignated in this applications with the provisi	SARASOTA (City) stance: egistered agent and to accept service of patient, I hereby accept the appointment accepts of all statutes relative to the proper	Florida (Zip code) process for the above stated limited lia s registered agent and agree to act in the and complete performance of my duty	bility company at the p.		

Date: 5/17/2019 11:54:48 AM

ame: PSHF MANAGER, LLC ddress: 8000 HAWKINS ROAD	Manager	·	
ddress: 8000 HAWKINS ROAD		Name:	<u> </u>
	Member	Address:	:
ARASOTA, FL 34241	Authorized	 	:
	Person		:
Other	Other	Other	
aine:	Manager	Name:	:
ddress:	☐ Member		; ;
	Authorized		1,1
	Person		1
Other	Other	Other =	· [
	_	# 12	
	Manager Manager	Name:	
ddress:	Member	Address:	!
	Authorized		•
	Person		<u>:</u>
Other	Other	Other	<u>:</u>
	ame: ddress: ddress: Other	Person Other	Person Other Other Other Other ame: Manager Name: ddress: Member Address: Authorized Person Other Other Other Other Address: Manager Name: Member Address: Authorized Person Address: Member Address: Authorized Person Person Address: Authorized

Typed or printed name of signer

Delaware

Page

The First State

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

DELAWARE, DO HEREBY CERTIFY "PREFERRED SENIOR HOUSING FUND, 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2019.

7390068 8300 SR# 20193135948

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

Jeffrey W. Bulince, Secretary or State

Authentication: 202705146

Date: 04-24-19