

8/6/2019

Division of Corporations

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.

(((H19000235098 3)))



H190002350983AEC4

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)288-0845

****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
Protea Senior Living Boca Raton LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Z BROWN

AUG 07 2019

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. Proten Senior Living Boca Raton 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. California 3. 84-2522171
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 18 Ventana Ridge Drive 6. 18 Ventana Ridge Drive
(Street Address of Principal Office) (Mailing Address)

Aliso Viejo, CA 92656

Aliso Viejo, CA 92656

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.

By: C T Corporation System
Candice Pignatelli Assistant Secretary
(Registered agent's signature)

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: RSFB Holdings LLC

☒ Member Address: _____

☐ Authorized 101 S Phillips Ave, Ste 509

Person Sioux Falls, SD 57104-8736

☐ Other _____ ☐ Other _____

☐ Manager Name: Protea Capital Partners LLC

☒ Member Address: Investment Fund

☐ Authorized 18 Ventana Ridge Drive

Person Aliso Viejo, CA 92656

☐ Other _____ ☐ Other _____

☐ Manager Name: The Jeffrey P. Frieden Living

☒ Member Address: Trust

☐ Authorized 18800 Von Karman Avenue, Ste A

Person Irvine, CA 92612

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: HSFB Holdings LLC

☒ Member Address: Sterling Trustees LLC MBR

☐ Authorized 101 S Phillips Ave, Ste 509

Person Sioux Falls, SD 57104-8736

☐ Other _____ ☐ Other _____

☐ Manager Name: The Robert D. Friedman Living

☒ Member Address: Trust

☐ Authorized 18800 Von Karman Avenue, Ste A

Person Irvine, CA 92612

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

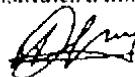
Person _____

☐ Other _____ ☐ 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.817.155, F.S.



Signature of an authorized person

Hans Abel van der Laan

Typed or printed name of signer

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: PROTEA SENIOR LIVING BOCA RATON LLC

FILE NUMBER: 201920510578
FORMATION DATE: 07/22/2019
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day of
August 5, 2019.

ALEX PADILLA
Secretary of State