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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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Foreign Limited Liability Company NAPLES MEMORY CARE 2, LLC

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Estimated Charge	\$155.00

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Naples Memory Care 2, LLC
	Name of Limited Liability Company
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter to the following:
	Dan Meader Name of Person
	rane of terson
	Trinity Private Equity Group, LLC
	Firm/Company
	925 S. Kimball Ave., Suite 100
	Address
	Southlake, Texas 76092
	City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	and the second s
	Dan Meader at (817) 310-2901
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy \$160.00 Filing Fee, Certified Copy

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:

Naples Memory Ca (Name of Foreign Lin	re 2, LLC mited Liability Company; must include "Li	mited Liability Cor	mpany," "L.L.C.," or "L	LC.')			
If name unavailable, enter alternate name	e adopted for the purpose of transacting business	in Florida, The alternat	e name must include "Limit	ed Liability Comper	y," "I.I.C,"	or "11.C.")	
Texas (Jurisdiction under the law of which	n foreign limited liability company is organized)	_ 3	(FE	I number, if applica	ble)		
1	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration.)					
5. 3031 Airport Pullir (Street Address of Prin	ig Road N.	6. Trinity Private Equity Group, LLC (Mailing Address)					
Naples, FL 34105		_9	25 S. Kimball Av	ve., Suite 10	0		
			outhlake, Texas	76092	·		
7. Name and street address	of Florida registered agent: (P.O.)	Box <u>NOT</u> acce	ptable)		2019 AUG 1		
Name:	Capitol Corporate Services,	Inc.		; r	ω 		
Office Address: _	515 E, Park Ave., Floor 2				AM 10: 56		
-	Tallahassee (City)		, Florida <u>3230</u>)1 (ip code)	σ,		
lesignated in this application of comply with the provision in the comply with the provision in the control of	istered agent and to accept service on, I hereby accept the appointme as of all statutes relative to the pro of my position as registered agent.	nt as registered oper and compl Kim Tadloc	agent and agree to	o act in this co my duties, an alf of	грасіт у. Т	l further i	
_	Kim Tadlah (Registered as	zni's signature)		· 			

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Trinity Private Equity Group, LLC	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized	925 S. Kimball Ave., Suite 100	☐ Authorized	
Person	Southlake, Texas 76092	Person	
Other	Other	Other	Other
Manag e r	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	20
Other	Other	Other	Other and
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		☐ Authorized	
Person	-	Person	
Other	Other	Other	Other
indexed individuals 9. Attached is a cert jurisdiction under the of the translator mu 10. This document is	Ise an attachment to report more than six (6). The a may be added to the index when filing your Florid ifficate of existence, no more than 90 days old, duling law of which it is organized. (If the certificate is	attachment will be ima la Department of State y authenticated by the in a foreign language) (b), Florida Statutes.	aged for reporting purposes only. Note Annual Report form. official having custody of records, a translation of the certificate und. I am aware that any false informations.
	Day	Neader	

Typed or printed name of signee

Taylor Seay 8004323622

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



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Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

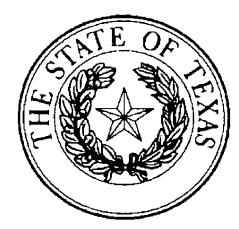
Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Naples Memory Care 2, LLC (file number 803390307), a Domestic Limited Liability Company (LLC), was filed in this office on August 09, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 12, 2019.

Jose A. Esparza Deputy Secretary of State



Phone: (512) 463-5555

Prepared by: SOS-WEB