	Requestor's Name)					
<u> 2</u>						
(/	Address)					
	Address)					
(·	Nucleos)					
	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	Business Entity Name)					
ا) .د.	Document Number)					
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
12.						

Office Use Only



800334632928

2019 SFP 18 AMII: 29

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 926310 \_ 7775081

AUTHORIZATION : CAPILLO

COST LIMIT : \$ 125.00

ORDER DATE: September 18, 2019

ORDER TIME : 12:18 PM

ORDER NO. : 926310-005

CUSTOMER NO: 7775081

\_\_\_\_\_

## FOREIGN FILINGS

NAME: EPC SPARTI LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### COVER LETTER

		ation Section n of Corporation	s						
SUBJEC	EP TT:	C Sparti LLC							
		Name of Limited Liability Company							
The enclo Existence	osed "A e, and c	pplication by Fore heck are submitted	eign Limited Liability Co	ompany for Authoriz ferenced foreign lim	ation to Transact Business in Florida ited liability company to transact but	a," Certi siness in	ficate of Florida		
Please re	turn all	correspondence co	oncerning this matter to t	the following:					
		Susan Nguyen							
				Name of Person		<del></del> -			
		Welltower Inc.							
		***************************************	-	Firm/Company		_			
		4500 Dorr Street	ι						
				Address		_			
		Toledo, Ohio 43	615						
			City	//State and Zip Code					
		snguyen@welltow	ver.com						
	-		E-mail address: (to be u	sed for future annua	l report notification)	_			
For furthe	er infori	nation concerning	this matter, please call:		<u>-</u>	2019 SEP	سويو		
Susan Nguen		419 at (	247-5668	<u> </u>	. 1				
-		Name of	Contact Person	Area Code	Daytime Telephone Number	<u> </u>			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS:  Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301						
Ę	Please n		e following amount: e to: FLORIDA DEPAI  \$130.00 Filing Fee	<u>-</u> .	TE Filing Fee & S160.00 Filing	o Fee Co	ertificat:		
-	0.2	- · · · · · · · · · · · · · · · · · · ·	Certificate of S		ed Copy of Status & Co	-			

# 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. EPC Sparti LLC						
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	y Company," "L.L.C.," or "LI	.C.")		<del></del>
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Fl	lorida. The al	ternate name must include "Limite	d Liability Compan	y," "L.L.C," or "I	.l.C.")
Delaware 2		20-1859025 3. (FEI number, if applicable)				
(Jurisdiction under the law of w	hich foreign limited liability company is organized]					
Upon Filing						
	(Date first unusacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration nine penalty l	) iability)	•		
c/o Welltower Inc.		6.	c/o Welltower Inc.			
(Street Address of	Principal Office)	6. (Mailing Address)				_
4500 Dorr Street			4500 Dorr Street			
Toledo, Ohio 43615		·	Toledo, Ohio 43615		~	<del>_</del>
7. Name and street addres	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u> a	cceptable)		019 SEP 18	1 (
Name:	Corporation Service Company	<u></u>			<u> </u>	*; ;
Office Address:	1201 Hays Street				AM 11: 29	نص
	Tallahassee		32301 , Florida			
	(City)			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.

Corporation Service Company

Service Company

Asst. Vice President

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: Title or Capacity: Name and Address: Name: Welltower OM Group LLC Manager Manager Name: Address: \_\_\_\_ Member ☐ Member Address: Toledo, Ohio 43615 Authorized ☐ Authorized Person Person Other Other\_\_\_\_ Other\_\_\_\_ Other Manager Name: \_\_\_\_\_ Manager Manager Name: \_\_\_\_ Member Address: Member Address: Authorized Authorized Person Person Other Other\_ Other Manager Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_ Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other Other\_\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 falony as provided for in s.817.155, F.S. -C477A1206E8C495 Signature of an authorized person Matthew McQueen, Authorized Person

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "EPC SPARTI 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "EPC SPARTILLU" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPC SPARTI LLC"

WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203617924

Date: 09-18-19