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Division of Corporations

Fax Number : (850)617-6383

From:

¢5

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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Foreign Limited Liability Company Egenbacher Healthcare Properties, LLC

Certificate of Status	0
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NOV 0 1 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:

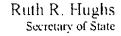
-	Limited Liability Company, must include "Limited			L / Cor et l
name unavailable, enter alternate n Texas	anse adopted for the purpose of transacting business in Flori	idii - Fite allomate na	me must include Limited Capinly Company, 1.	L.C. III CI.
	nich foreign limited trability company is organized)	3	(FEI number, if applicable)	"
	(Due tin) transacted business in Florida it from in n	reistration)		
(Date first transacted business in Flerida, if prior to (See sections 605 0904 & 605 0905, F.S. to deten			02 Abbeville Ave	9
(Street Address of I		6	(Mailing Address)	
Lubbock T	X 79424	 Lul	bbock TX 79424	<u> </u>
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accepta	bleı .	7019 01.7
Name:	Northwest Registered Ag	ent LLC		<u>ယ်</u>
Office Address:	7901 4th St N ST	E 300		्रा अ:
	St. Petersburg		Florida 33702	75
	(City)		(Zip code)	



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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Wesley Scott Lewis Manager | X Manager Address: 4713 Cap Rock Dr Address: ☐ Member Member Austin TX 78735 Authorized Authorized Person Person Other____ Other____ Other Other__ Name: _____ Manager 📗 Name: ☐ Manager Address: Member Member Address: Authorized Authorized Person Person Other____ Other____ Manager | Manager | Member Member Address: Authorized __Authorized Person Person 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 eath 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.

Typed or printed name of signee

Morgan Noble





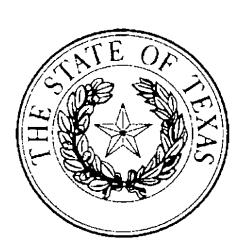
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Egenbacher Healthcare Properties, LLC (file number 803370325), a Domestic Limited Liability Company (LLC), was filed in this office on July 17, 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 October 29, 2019.



90CT 31 PH 3: 1/5

Ruth R. Hughs Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 923362120010