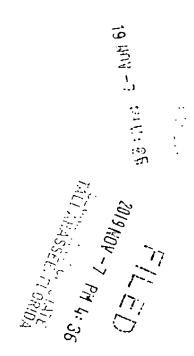
(Requestor's Name)				
(Address)				
(Address)				
(1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 037614

AUTHORIZATION : Smell &

COST LIMIT : 125.00

ORDER DATE: November 6, 2019

ORDER TIME : 10:15 AM

ORDER NO. : 037614-010

CUSTOMER NO: 7694430

## FOREIGN FILINGS

NAME: ALTA AT HEALTH VILLAGE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	THON 605.0902, FLORIDA STATUTEN, THE F USINESS IN THE STATE OF FLORIDA:	FOLLOW	VING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY
, Alta at Health Village			
(Name of Foreign	Limited Liability Company; must include "Limit	ted Liabilit	lity Company," "L.I. C.," or "LI.C.")
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	lorida The a	e alternate name must include "Limited Liability Company," [L.L.C." or "LLC.")
Delaware 2		3.	84-3597794
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, 1 applicable)
Upon qualification			
<del> </del>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration nine penalty	ion.) Iry Hability)
3715 Northside Pkwy NW Ste 4-600		6.	3715 Northside Pkwy NW Ste 4-600
(Street Address of	Principal Office)	0.	(Mailing Address)
Atlanta, GA 30327			Atlanta, GA 30327
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> :	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee		32301 , Florida
designated in this applica to comply with the provis	gistered agent and to accept service of tion, I hereby accept the appointment is	as registe r and co	(Zip code) is far the above stated limited liability company at the place steled agent and agree to act in this capacity. I further agree complete performance of my duties, and I am familiar with Harry B. Davis 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Bryan Borland Sean Reynolds Name: Manager Manager Manager 636(W Yale Street 636 W Yale Street ■ Member ■Member Address: Orlando, FL-32804 Orlando, FL 32804 Authorized Authorized Person Person Other\_ Other\_ Other Josh Lynch Name: Alexander Panzeri Name: Manager Manager Manager 401 S Dixie Hwy Ste 303 636 W Yale Street Address: Member ■ Member West Palm Beach, FL 33401 Orlando, FL 32804 Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other \_\_\_\_\_ Other Beth Day Manager | Name: Manager 3715 Northside Pkwy NW Address: \_\_\_\_\_\_ ☐ Member Member Ste 4-600 Authorized Authorized Atlanta, GA 30327 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 felony as provided for in s.817.155, F.S. Wh /ry Beth Day

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "ALTA AT HEALTH VILLAGE, 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 SIXTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTA AT HEALTH PROBLEM OF NOVEMBER, A.D. 2019.

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

Jeffrey W. Buffoch, Secretary of State

Authentication: 203949780

Date: 11-06-19

7690388 8300 SR# 20197951040