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TALLAHASSEE, FLORIDA  
2019 NOV -7 PM 4:36  
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 037614 7694430  
AUTHORIZATION : *[Signature]*  
COST LIMIT :  125.00

TALLAHASSEE, FLORIDA

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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

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:

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FLORIDA

1. Alta at Health Village, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware 3. 84-3597794  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

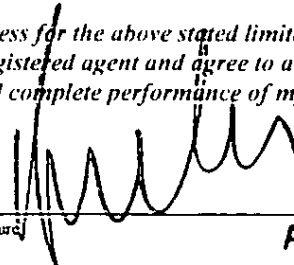
4. Upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 3715 Northside Pkwy NW Ste 4-600 6. 3715 Northside Pkwy NW Ste 4-600  
(Street Address of Principal Office) (Mailing Address)  
Atlanta, GA 30327 Atlanta, GA 30327

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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: Corporation Service Company  
(Registered agent's signature)  **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]:

**Title or Capacity:** Name and Address:  
 Manager Name: Bryan Borland  
 Member Address: 636 W Yale Street  
 Authorized Orlando, FL 32804  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Josh Lynch  
 Member Address: 636 W Yale Street  
 Authorized Orlando, FL 32804  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Beth Day  
 Member Address: 3715 Northside Pkwy NW  
 Authorized Ste 4-600  
 Person Atlanta, GA 30327  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** Name and Address:  
 Manager Name: Sean Reynolds  
 Member Address: 636 W Yale Street  
 Authorized Orlando, FL 32804  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_


Manager Name: Alexander Panzeri  
 Member Address: 401 S Dixie Hwy Ste 303  
 Authorized West Palm Beach, FL 33401  
 Person \_\_\_\_\_  
 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

Beth Day  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

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 VILLAGE, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2019.

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

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OFFICE OF THE SECRETARY OF STATE  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

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SR# 20197951040

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203949780

Date: 11-06-19