

3/6/2020

Division of Corporations

M2000002658

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444

Am-Tam Passley

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

Email Address: _____

**Foreign Limited Liability Company
FC Senior Living Investments, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

2020 MAR -6 PM 3:59

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**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. FC Senior Living Investments, 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. 84-4965595
(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 605.0902 & 605.0903, F.S. to determine penalty liability)

5. 420 S. Orange Avenue 6. 420 S. Orange Avenue
(Street Address of Principal Office) (Mailing Address)

Suite 400 Suite 400

Orlando, Florida 32801 Orlando, Florida 32801

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) (Zip code)
Florida

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.

Kathryn Widdoes Assistant Secretary
(Registered agent's signature)
Kathryn Widdoes

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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: Foundry Commercial, LLC
☒ Member Address: 420 S. Orange Avenue
 Suite 400
☐ Authorized Person Orlando, Florida 32801
☐ Other ☐ Other

☐ Manager Name: Paul B. Ellis
☐ Member Address: 420 S. Orange Avenue
 Suite 400
☐ Authorized Person Orlando, Florida 32801
☒ Other Vice President ☐ Other

☐ Manager Name: Kevin R. Maddron
☐ Member Address: 420 S. Orange Avenue
 Suite 400
☐ Authorized Person Orlando, Florida 32801
☒ Other Sec./Treasurer ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Pryse R. Elain
☐ Member Address: 420 S. Orange Avenue
 Suite 400
☐ Authorized Person Orlando, Florida 32801
☒ Other President ☐ Other

☐ Manager Name: Scott Renaud
☐ Member Address: 420 S. Orange Avenue
 Suite 400
☐ Authorized Person Orlando, Florida 32801
☒ Other Vice President ☐ 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.

Jason S. Rimes

Signature of an authorized person

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FC SENIOR LIVING INVESTMENTS, 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 FOURTH DAY OF FEBRUARY, A.D. 2020.

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

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7834528 8300

SR# 20200804213

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "JEFFREY W. BULLOCK, SECRETARY OF STATE" is printed in small letters.

Authentication: 202320822

Date: 02-04-20