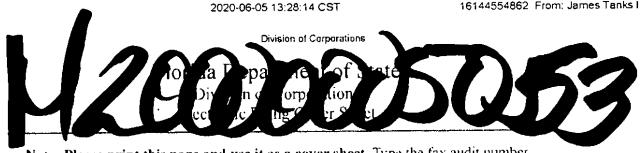
6/5/2020



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(((H200001701623)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

**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 RAULERSON MOB, LLC

Certificate of Status	U
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Corporate Filing Menu

T GL. JH 10 8 2020



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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Raulerson MOB, LLC				
(Name of Foreign	Limited Liability Company, must include "Limit	ed Linbility Comp	pany," "L.L.C.," or "LLC.")	-
(it usme unavailable, enter alternate na	mic adopted for the purpose of transacting business in F	orida. The alternate i	name mast include "Limited Liability Company	y," "E.L.C," or "ELC.")
Delaware		3		
(Jurisdiction under the law of wh	nch foreign hinsted hability company is organized)		(I Et nimber, if applicab	le)
4	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to deter-	registration)	<u> </u>	
4000 Main Change Ch			, 0 Main Street, Ste 1200	
1920 Main Street, Ste 1200 5. (Street Address of Principal Office)			(Making Address)	
(Street Address of F	'rmerpal Office)		(улиний уюмежы	
Irvine, CA 92614		Irvin	e, CA 92614	
				
				202
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accep	table)	٠.
				-
Name:	C T Corporation System			<u>ن</u> :
: varie.			-	
Office Address:	1200 South Pine Island Road		_	.9. .2.
	Plantation		33324	27
			, Florida	
	(Cuy)		(a th same)	

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.

C T C By:	corporation System	- Jan Enter
	(Dameters & press)'s Airpotents	

Terrie Bates, Assistant Secretary

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:	<u>:</u>	Name and Address:
□Manager	Name: HCP Medical Office Buildings, LLC	Manager	Name:	
Member	Address:	Member	Address:	
Authorized	1920 Main Street, Ste 1200,	Authorized		
Person	Irvine, CA 92614	Person		
Other	Other	Other		Other
Manager	Name:		Name:	
Member	Address:	Member	Address:	
□Authorized		Authorized	 	
Person		Person		
Other	Other	Other		Other
				20/0
Manager	Name:	Manager	Name:	<u></u>
Member	Address:	☐ Member	Address:	
Authorized		☐ Authorized		
Person		Person		9
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.

/s/ Heidi Taliaferro		
	Signature of an authorized person	
Heidi Taliaferro		
	Typed or printed name of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RAULERSON MOB, 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 JUNE, A.D. 2020.

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

ر الاستان الاستان



Authentication: 203045006

Date: 06-04-20