

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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
CS1031 HARBOR VIEW MHC MASTER LESSEE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

**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:

CS1031 Harbor View MHC Master Lessee, 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")

Delaware

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

10900 Nuckols Rd. Suite 200

5. (Street Address of Principal Office)

10900 Nuckols Rd, Suite 200

5. _____ (Mailing Address)

Glen Allen, VA 23060

Glen Allen, VA 23060

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

InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.

Vanissa Moon Vanissa Moon on behalf of InCorp Services, Inc.
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name: <u>Louis Rogers</u>	<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____		
<input type="checkbox"/> Member	Address: <u>10900 Nuckols Rd, Suite 200</u>	<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____		
<input type="checkbox"/> Authorized	<u>Glen Allen, VA 23060</u>	<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____		
Person	_____	Person	_____	Person	_____		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____		
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____		
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____		
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____		
Person	_____	Person	_____	Person	_____		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____		
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____		
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____		
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____		
Person	_____	Person	_____	Person	_____		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> 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

Louis Rogers

Typed or printed name of signee

Delaware

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The First State

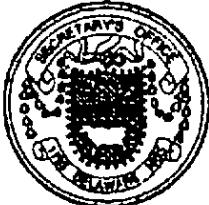
**I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CS1031 HARBOR VIEW MHC MASTER LESSEE,
LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE TENTH DAY OF JULY, A.D. 2020.**

**AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CS1031 HARBOR
VIEW MHC MASTER LESSEE, LLC" WAS FORMED ON THE NINTH DAY OF JULY,
A.D. 2020.**

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

3217458 8300

SR# 20206169545

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

A handwritten signature of Jeffrey W. Bullock in black ink, followed by a horizontal line and the typed title "Jeffrey W. Bullock, Secretary of State".

Authentication: 203261712

Date: 07-10-20