

9/16/2020

Division of Corporations

M20000008093

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000322738 3)))



H200003227383ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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
Punta Gorda OpCo, LLC

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

SEP 16 11 50 AM '20
FHEED

2020 SEP 16 PM 2:52

Electronic Filing Menu

Corporate Filing Menu

Help SEP 17 2020

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Punta Gorda OpCo, LLC

(Name of foreign limited liability company; must include "Limited Liability Company," "LLC," or "LLC")

2. Name available, name alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "limited liability company," "LLC," or "LLC"

Delaware

3. (State where under the law of which foreign limited liability company is organized)

4. (FEI number, if applicable)

5. Has not begun

(Date first transacted business in Florida, if prior to registration. Use sections 605.004 & 605.001, F.S. to determine possible liability)

6. 3452 East Foothill Boulevard, Suite 720
Pasadena, CA 91107

(Street Address of Principal Office)

7. 680 East Colorado Boulevard, Suite 2018
Pasadena, CA 91101

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

Florida

33324

(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:

Signature of Nassem A. Conde

(Registered agent's signature)

Nassem A. Conde
Special 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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>GTM U.S. Senior Housing REIT LP</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>3452 East Foothill Boulevard</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | <u>Suite 720</u> <u>Pasadena, CA 91107</u> | <input type="checkbox"/> Authorized Person | _____ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|---|---|--|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>GT Madison Realty, LLC</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>3452 East Foothill Boulevard</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | <u>Suite 720</u> <u>Pasadena, CA 91107</u> | <input type="checkbox"/> Authorized 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"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ _____ | <input type="checkbox"/> Authorized 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.



Rene Leung

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PUNTA GORDA OPCO, 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 EIGHTH DAY OF SEPTEMBER, A.D. 2020.

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



3598498 8300

SR# 20207149363

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203610718

Date: 09-08-20