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(City/State/Zip/Phone #)

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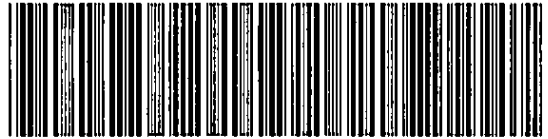
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M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trilogy Senior Living Management, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Julie Reinecke

Name of Person

Sodalis Senior Living

Firm/Company

101 Uhland Road, Suite 212

Address

San Marcos, TX 78666

City/State and Zip Code

jreinecke@sodalissenior.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Reinecke

512

771-8090 / 830-624-1044 ex 1312

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. TRILOGY SENIOR LIVING MANAGEMENT, 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. Texas 3. 85-4267291
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

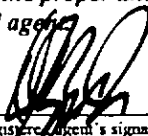
5. 101 Uhland Road 6. PO Box 2557
(Street Address of Principal Office) (Mailing Address)
Suite 212
San Marcos, TX 78666 San Marcos, TX 78667

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

Name: Dennis Knapp
Office Address: 333 16th Avenue SE
Largo 33771
(City) Florida (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.


(Registered agent's signature)

2021 OCT -8 AM 10:14
L.L.C.

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: Ernest Cunningham

☒ Member Address: 114 Lismore

☐ Authorized _____

Person San Antonio, TX 78260

☐ Other _____ ☐ Other _____

☒ Manager Name: Traci Taylor

☐ Member Address: 402 Laurel Hill Road

☒ Authorized _____

Person San Marcos, TX 78666

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Tom Stallard

☒ Member Address: 1870 W. Bitters Road

☐ Authorized Suite 103

Person San Antonio, TX 78248

☐ Other _____ ☐ Other _____

☐ Manager Name: Julie Reinecke

☐ Member Address: 27 Deer Ridge Road

☒ Authorized _____

Person Wimberley, TX 78676

☐ 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

Julie Reinecke

Typed or printed name of signee



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Trilogy Senior Living Management, LLC (file number 803857405), a Domestic Limited Liability Company (LLC), was filed in this office on December 10, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 22, 2021.



A handwritten signature of Jose A. Esparza, consisting of stylized initials "JE" followed by a long horizontal line.

Jose A. Esparza
Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2021

JULIE REINECKE
SODALIS SENIOR LIVING
101 UHLAND ROAD, SUITE 212
SAN MARCOS, TX 78666

SUBJECT: TRILOGY SENIOR LIVING MANAGEMENT, LLC
Ref. Number: W21000130994

We have received your document for TRILOGY SENIOR LIVING MANAGEMENT, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 721A00023728

*Rec'd
10-8-21*