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.

(((H21000459989 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (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 WINDSOR WOODS OWNER LLC

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S. FRANKLIN

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COVER LETTER

SUBJECT:	Vindsor Woods Owner LLC	
Sobject	Name	of Limited Liability Company
The enclosed ". Existence, and	Application by Foreign Limited Liability C check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return a	Il correspondence concerning this matter to	o the following:
	June House	
		Name of Person
	Vitality Senior Living Management LL	.c
		Firm/Company 22
	215 Centerview Drive, Suite 360	ALL DEC
		Address
	Brentwood, TN 37027	Firm/Company Address Address ity/State and Zip Code
	C	ity/State and Zip Code
	jhouse@myvitalityliving.com	Fi. 53
	E-mail address: (to be	used for future annual report notification)
For further infe	ormation concerning this matter, please cal	n:
June	House	615 538-3093 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	ng Address: stration Section	Street Address: Registration Section
Divi	sion of Corporations	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Picas	osed is a check for the following amount: c make check payable to: FLORIDA DEF 25.00 Filing Fee	& 🖹 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

H21000459989

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. Windsor Woods Owner	LLC Imited Liability Company; must include	I W I la d I labellier Ca		
(Nume of Foreign I	amited Liability Company; must include	te Limited Listinity Con	ipary, Lic., or soc. /	
(If name unavailable, enter alternate n	sme adopted for the purpose of transacting bu	usiness in Florids. The altern	ste osme must include "Limited Liability (Company," "L.L.C," or "LLC.")
Delaware			-3738911	
2. (Jurisdiction under the law of wi	nich foreign limited liability company is organ	nized)	(FEI number, if ap	phosbie)
n/a				
4	(See sections 605.0904 & 605.0905, F.	a, if prior to registration.) S. to determine penalty habil	ity)	
13707 Dallas Drive			Centerview Drive, Suite 360	
5. (Street Address of Principal Office)		0	(Mailing Address)	
Hudson, FL		Bro	ntwood, TN	
34667		370)27	022 DE
7. Name and street addres	as of Florida registered agent: (l		ptable)	ANASSEE FL
Name:				775 5
Office Address:	515 Fast Park Avenue, 2nd Fl	00r	_	· 👸 🐱
	Tallahassec		32301 , Florida	_
	(City)		(Zip code)	
designated in this applicate to comply with the provise	otance: egistered agent and to accept se tion, I hereby accept the appoi ions of all statutes relative to th is of my position as registered a	ntment as registered Le proper and comp	i agent and agrée to act in th	is capacity. I juriner ugree
	Taylor Sury	Taylor Scay, as Capitol Corpora	Asst. Secretary on behalf of te Services, Inc.	_
	(Regis	tered agent's signature)		

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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:	Title or Capacit	Y:	Name and Address:
■Manager	Name: Blanding Beatty	□Manager	Name:	
□Member	Address: 215 Centerview Drive	□Member	Address:	
Authorized	Suite 360	□Authorized		
Person	Brentwood, TN 37027	Person		
□Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
∃Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other
⊒Manager	Name:	□Manager	Name:	
⊒Мстbст	Address:	□Member	Address: _	
□Authorized		□Authorized		
Person		Person		<u>mo</u> <u>=</u> 1
□Other	Other	Other		□Other S

- 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.

	June House	
-	Signature of an authorized person	
June House		_
	Typod 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 "WINDSOR WOODS OWNER LLC" IS DULY

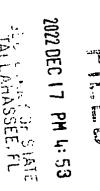
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINDSOR WOODS
OWNER LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

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



6396018 8300 SR# 20214140567

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

MSR

Authentication: 205016676

Date: 12-17-21