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(((H22000131199 3)))



H220001311983ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 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.\*\*

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### Foreign Limited Liability Company

## - INSPIRED SENIOR LIVING OF PINELLLAS PARK ST, LLC;

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

Electronic Filing Menu

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Help

H22000131199

# 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:

Inspired Senior Living of	f Pinellas Park ST, LLC		<u> </u>	
(Name of Foreign L	imited Liability Company; must includ	e "Limited Liability Conr	pany," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate na	me adopted for the purpose of transacting bu	sinces in Florida. The sitema	te name must include "Limited Liability	Company," "L.L.C," or "LLC.")
Delaware				
2. (Jurisdiction under the law of wh	ch foreign limited liability company is organ	3	(FEI number, if a	pplicable)
4	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S.	, if prior to registration.) , to determine penalty habilit	у)	•
7047 E Greenway Park	way, Suite 300	7041	7 E Greenway Parkway, Suit	c 300
5. (Street Address of Principal Office)	<del></del>	b	(Mailing Address)	<del>-</del>
Scottsdale, AZ 85254		Scot	tsdale, AZ 85254	<b>202</b> SE
				APR DRE LAHA
				APR I I
				TASSEE.
7. Name and street address	of Florida registered agent: (P	O. Box <u>NOT</u> accep	otable)	
				54 ii C
Name:	Capitol Corporate Servi	ces, Inc.	_	RESE
				7 -
Office Address:	515 E. Park Avenue, 2n	d Floor	_	
	Tallahassee		, Florida32301	
	(City)	<del> </del>	(Zip code)	•
designated in this applicate to comply with the provision	ance: vistered agent and to accept ser ion, I hereby accept the appoin ins of all statutes relative to the of my position as registered ag	tment as registered e proper and comple	agent and agree to act in thi	is capacity. I further agree
	Taylor Sung	Taylor Scay, as Asst. Secretary on		
		behalf of Capi	tol Corporate Services,	inc.
	(Kegste	ten affent a siftmente)		

#### H22000131199

8.	For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to	ic
ma	nage [up to six (6) total]:	

Title or Capacity:		Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: _	Chris Sorensen	□Manager	Name:	
□Member	Address:	1201 N. Orange St., Suite 7044	□Member	Address:	
■Authorized		Wilmington, DE 19801	□Authorized		
Person			Person		
□Other		☐ Other	Other		□Other
∏Manager	Name:		∏Manager	Name:	
□Member			□Member	Address:	
□Authorized			□Authorized		
Person			Person		
Other		□Other	Other		Other
□Manager	Name: _		□Manager	Name:	
□Member	Address:		□Member	Address:	
□Authorized			□Authorized		
Person			Person	-	<del></del>
□Other		□ Other	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.

Chris Sorensen

Typed or printed name of signee

H22000131199

APRIL, A.D. 2022.

H22000131199

# Delaware The First State

Page 1

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

DELAMARE, DO HEREBY CERTIFY "INSPIRED SENIOR LIVING OF PINELLAS

PARK ST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "INSPIRED SENIOR LIVING OF PINELLAS PARK ST, LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2022.

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

6726702 8300

SR# 20221395434

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

Authentication: 203147357

Date: 04-11-22