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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

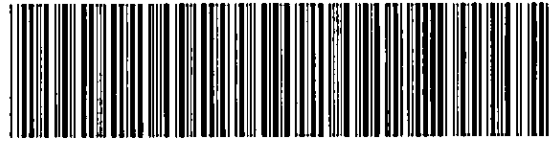
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HR Acquisition I, 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:

Robin Higgins
Name of Person
Healthcare Realty Trust Incorporated
Firm/Company
3310 West End Avenue, Suite 700
Address
Nashville, TN 37203
City/State and Zip Code
rhiggins@healthcarerealty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Higgins at (615) 269-8111
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. HR Acquisition I, 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. Maryland (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)

5. 3310 West End Avenue, Suite 700 (Street Address of Principal Office)
Nashville, TN 37203

6. 3310 West End Avenue, Suite 700 (Mailing Address)
Nashville, TN 37203

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 (City) (Zip code)

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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.

Judith Ruff

(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 type="checkbox"/> Manager	Name: <u>Todd J. Meredith</u>	<input type="checkbox"/> Manager	Name: <u>John M. Bryant, Jr.</u>
<input type="checkbox"/> Member	Address: <u>3310 West End Avenue</u>	<input type="checkbox"/> Member	Address: <u>3310 West End Avenue</u>
<input type="checkbox"/> Authorized Person	<u>Suite 700</u> <u>Nashville, TN 37203</u>	<input type="checkbox"/> Authorized Person	<u>Suite 700</u> <u>Nashville, TN 37203</u>
<input checked="" type="checkbox"/> Other <u>President & CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Executive VP</u>	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Andrew E. Loope</u>	<input type="checkbox"/> Manager	Name: <u>Healthcare Realty Trust Incorporated</u>
<input type="checkbox"/> Member	Address: <u>3310 West End Avenue</u>	<input checked="" type="checkbox"/> Member	Address: <u>3310 West End Avenue</u>
<input type="checkbox"/> Authorized Person	<u>Suite 700</u> <u>Nashville, TN 37203</u>	<input type="checkbox"/> Authorized Person	<u>Suite 700</u> <u>Nashville, TN 37203</u>
<input checked="" type="checkbox"/> Other <u>SVP & Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Connie Seal</u>	<input type="checkbox"/> Manager	Name: <u>Robin Higgins</u>
<input type="checkbox"/> Member	Address: <u>Suite 700</u>	<input type="checkbox"/> Member	Address: <u>Suite 700</u>
<input type="checkbox"/> Authorized Person	<u>Nashville, TN 37203</u>	<input type="checkbox"/> Authorized Person	<u>Nashville, TN 37203</u>
<input checked="" type="checkbox"/> Other <u>VP Tax</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Assist. Secretary</u>	<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.

Robin Higgins
Signature of an authorized person

Robin Higgins
Typed or printed name of signer

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HR ACQUISITION I, LLC (W22983431), REGISTERED JUNE 02, 2022, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 17, 2022.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 T1/Voice

Online Certificate Authentication Code: V5-_v2mT40icqtZwBrAo_Q
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>