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Division of Corporations

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

From: Amy Patterson
Account Name : FOUNDRY COMMERCIAL
Account Number : I202200000005
Phone : (407)250-7482
Fax Number : (407)796-9183

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: amy.patterson@foundrycommercial.com

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**Foreign Limited Liability Company
Spring Arbor Management, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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. Spring Arbor 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," "LLC," or "LLC.")

2. Virginia 3. 84-3550203
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0913, F.S. to determine penalty liability)

5. <u>2301 Sugar Bush Road</u> <small>(Street Address of Principal Office)</small>	6. <u>420 S. Orange Ave.</u> <small>(Mailing Address)</small>
<u>Suite 220</u>	<u>Suite 400</u>
<u>Raleigh, NC 27612</u>	<u>Orlando, FL 32801</u>

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

Name:	<u>Amy J. Patterson</u>
Office Address:	<u>420 S. Orange Ave., Suite 400</u>
	<u>Orlando</u> , Florida <u>32801</u>
	<small>(City) (Zip code)</small>

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.

Amy J. Patterson
(Registered 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:

☐ Manager Name: FC Senior Living Investments, LL

☒ Member Address: 420 S. Orange Ave.

☐ Authorized Suite 400

Person Orlando, FL 32801

☐ Other ☐ Other

☐ Manager Name: Kevin R. Maddron

☐ Member Address: 420 S. Orange Ave.

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other EVP ☐ Other

☐ Manager Name: Paul B. Ellis

☐ Member Address: 420 S. Orange Ave.

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other VP ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: Greg Fox

☐ Member Address: 2301 Sugar Bush Road

☐ Authorized Suite 220

Person Raleigh, NC 27612

☒ Other President ☐ Other

☐ Manager Name: Pryse R. Elam

☐ Member Address: 120 E. Palmetto Park Road

☐ Authorized #200

Person Boca Raton, FL 33432

☒ Other VP ☐ Other

☐ Manager Name: Ted Turner

☐ Member Address: 2301 Sugar Bush Road

☐ Authorized Suite 220

Person Raleigh, NC 27612

☒ Other VP ☐ 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

Kevin R. Maddron

Typed or printed name of signer

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Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Spring Arbor Management, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on September 12, 2019; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 7, 2023

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission

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