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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address: ______ mseifert@grandliving.com

Foreign Limited Liability Company GRAND LIVING AT WP, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED FLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: GRAND LIVING AT WP, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," L.L.C., or "LLC.") (If name may allable, enter alternate name adopted for the purpose of translating business in Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") DELAWARE (Jurisdiction under the law of which foreign limited liability company is occurred) (Date first transacted bistness in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7825 Washington Avenue South, Suite #810 7825 Washington Avenue South, Suite #810 (Street Address of Principal Office) Minneapolis, MN 55439 Minneapolis, MN 55439 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAL Services, Inc. Name: 1200 South Pine Island Road Office Address:

Registered agent's acceptance:

Plantation

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.

(City)

By: Stephanie Honor Stephanie Hencz, Assistant Secretary (Registered agent's signature)

12122023573

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 Capacity:	Name and Address:
□Manager	Name: Dan R. Peterka	ElManager	Name: Melinda Seifert
□Member	Address:	[] Member	Address:
l⊠ Amborized	7825 Washington Ave S. Ste #810	® Authorized	7825 Washington Ave S. Ste #810
Person	Minneapolis, MN 55429	Person	Minneapolis, MN 55439
ElOther	COther	GOther	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
□Manager	Name: Grand Living Management, LLC	CMmager	Name:
El Member	Address:	□ Member	Address:
□Authorized	7825 Washington Ave S. Ste #810	C Authorized	
Person	Minueapolis, MN 55429	Person	
⊡Othet	Other	□Other	□ Other
[]Manager	Name:	∏Manage:	Manie:
□ Member	Address:	(I) Member	Addiess:
[] Authorized		Cl Authorized	
Person		Person	
Other	□ Other	C) 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 605.9203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in s.317.155, F.S.

Melinda Scifert

Typed of princed rising of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GRAND LIVING AT WP, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2023.

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

Authentication: 204027054

Date: 08-23-23