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Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 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. \*\*

mseifert@grandliving.com Email Address:\_\_\_

## Foreign Limited Liability Company GRAND LIVING AT NAPLES, LLC

Certificate of Status	0
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Page Count	04
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Help

COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA:

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

IN COMPLIANCE WITH SECTION 605,000, FLORIDA STATUTES, THE FOLLOWING ASSUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liabilities"	ty Company," "L I, C," or	- 		
DELAWARE	•	87-2126758	•			
(Initisdiction under the law of which foreign limited liability company is organized)		3. (FEI number if applicable)				
	(Date first transported business in Florida if prior to re (See sections 603 0904 & 603,0905, F.S. to determine	gistralian.) - penulty liability)	_			
7825 Washington Avenue South, Suite #810		7825 Washington Avenue Sout	th, Suite #810			
reet Address of Principal Office)		6. (Mailing Address)		_		
Minneapolis, MN 55439		Minneapolis, MN 55439	Minneapolis, MN 55439			
-	ss of Florida registered agent: (P.O. Box )  NRAI Services, Inc.	NOT acceptable)	V 6797	<b>3</b> aco •		
Name and street addies  Name:  Office Address:		NOT acceptable)	72 JOV 6707	9869		
Name:	NRAI Services, Inc.	33324	· _**			
Name:	NRAI Services, Inc.  1200 South Pine Island Road		7.5. V 2.5. PM 5: 0			

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	© Manager	Name: Melinda Seifert
□Member	Address:	Ll Member	Address:
<b>⊠</b> Anthorized	7825 Washington Ave S Ste #810	® Authorized	7825 Washington Ave S Stc #810
Person	Minneapolis, MN 55429	Person	Minneapolis, MN 55439
□Othes	□ Other	(10ther	□Other
□Manager	Name: Grand Living Management, LLC	⊞Manager	Name:
<sup>□</sup> Member	Address:	□Member	Address:
☐Authorized	7825 Washington Ave S Ste #810	∏Authorized	
Person	Minneapolis, MN 55429	Person	
⊡Oth¤	Other	[30ther]	□()ther
T)Manager	Nunc:	(i) Manager	Name:
[[Member	Address:	EMember	Address:
E Authorized		[] Authorized	
Person		Person	
_Other	□ Other	[3Other	EiOther

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 fellowy as provided for in s.817.155, F.S.

1 (elemen Sendert
Signardic of an Authorized person
Melinda Seifert
Typed of printed manie of nighter



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GRAND LIVING AT NAPLES, 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: 204027053

Date: 08-23-23