

# M23000011402

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H230003038553))



H230003038553\*BC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

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.\*\*

Email Address: pgimrealestate.litigation@pgim.com

## Foreign Limited Liability Company CARDINAL SENIOR LIVING AT NAPLES LLC

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

RECEIVED

2023 SEP -1 AM 5:48

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 SEP -1 PM 5:13

RECEIVED

DocuSign Envelope ID: 7A92CB7F-63AB-4775-A29F-7372510B1244

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cardinal Senior Living at Naples LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (TIN number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0603 & 605.0605, F.S., to determine penalty liability)

5. 655 Broad Street  
(Street Address of Principal Office)

6. 655 Broad Street  
(Mailing Address)

14th Floor

14th Floor

Newark, New Jersey 07102

Newark, New Jersey 07102

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

## 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.

By: C T Corporation System  
(Registered agent's signature)

Stephen Wallis, VP & Asst. Secy

2023 SEP -1 PM 5:13

RECEIVED

DocuSign Envelope ID: 7A92CB7F-63AB-4775-A29F-7372610B1244

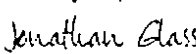
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>VRS PIM Holding Co LLC</u>  | <input type="checkbox"/> Manager               | Name: <u>Jonathan Glass</u>              |
| <input checked="" type="checkbox"/> Member | Address: <u>c/o PGIM Real Estate</u> | <input type="checkbox"/> Member                | Address: <u>c/o PGIM Real Estate</u>     |
| <input type="checkbox"/> Authorized        | <u>655 Broad Street, 14th Floor</u>  | <input checked="" type="checkbox"/> Authorized | <u>3350 Peachtree Road NE, Suite 800</u> |
| Person                                     | <u>Newark, New Jersey 07102</u>      | Person                                         | <u>Atlanta, Georgia 30326</u>            |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Manager           | Name: _____                          | <input type="checkbox"/> Manager               | Name: _____                              |
| <input type="checkbox"/> Member            | Address: _____                       | <input type="checkbox"/> Member                | Address: _____                           |
| <input type="checkbox"/> Authorized        | _____                                | <input type="checkbox"/> Authorized            | _____                                    |
| Person                                     | _____                                | Person                                         | _____                                    |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Manager           | Name: _____                          | <input type="checkbox"/> Manager               | Name: _____                              |
| <input type="checkbox"/> Member            | Address: _____                       | <input type="checkbox"/> Member                | Address: _____                           |
| <input type="checkbox"/> Authorized        | _____                                | <input type="checkbox"/> Authorized            | _____                                    |
| Person                                     | _____                                | Person                                         | _____                                    |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____           | <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.

DocuSigned by:  
  
 73655E7FA836497 \_\_\_\_\_  
 Signature of an authorized person

Jonathan Glass

Typed or printed name of signer

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

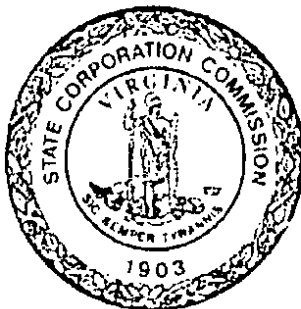
I Certify the Following from the Records of the Commission:

That Cardinal Senior Living at Naples 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 24, 2021; 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:

August 31, 2023

A handwritten signature in cursive script, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission