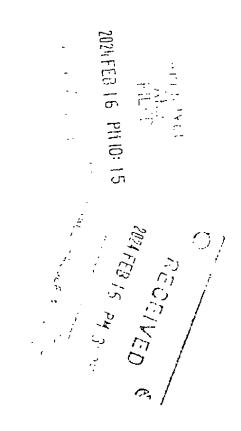
M24000002041

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	4.22.007	
	(City/State/Zip/Phone #)	,
PICK-UP	WAIT	MAIL MAIL
	ш	L
	(Business Entity Name)	
	(Dusiness chary Maine)	
	(Document Number)	
	,	
Certified Copies	Certificates of S	tatus
 		
Special Instructions to	Filling Officer:	

Office Use Only



100423912831



FEB 1 7 2024 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : CAPULAGE AUTHORIZATION : \$ 125.00				
ORDER DATE : 02/16/2024				
ORDER TIME :				
ORDER NO. :				
CUSTOMER NO:				
FOREIGN FILINGS				
NAME: 1900 Blue Fox Way OpCo LLC				
✓ QUALIFICATION (TYPE: <u>LL</u>)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON:				
EXAMINER:				

COVER LETTER

TO:		istration Section sion of Corporations		
SUBJEC	CT.	1900 Blue Fox Way OpCo LLC		
SUBJEC	L I .	Name	of Limited Liability Company	
			Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.	
Please re	eturn	all correspondence concerning this matter to	the following:	
		Elizabeth Robishaw		
			Name of Person	
		Welltower Inc.		
			Firm/Company	
4500 Dorr Street				
Address				
Toledo, OH 43615				
		Ci	ty/State and Zip Code	
		erobishaw@welltower.com		
		E-mail address: (to be	used for future annual report notification)	
For furth	ner in	formation concerning this matter, please call	:	
	Eliz	abeth Robishaw	419 247-2800 at ()	
		Name of Contact Person	Area Code Daytime Telephone Number	
		ling Address:	Street Address:	
	_	gistration Section	Registration Section	
Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
	ral.	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Encl	losed is a check for the following amount:		

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee. Certificate

Certificate of Status

Certified Copy

of Status & Certified Copy

Please make check payable to: FLORIDA DEPARTMENT OF STATE

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

IN COMPILANCE 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. 1900 Blue Fox Way (Name of Foreign	DPCO LLC Limited Liability Company; must include "Limite	d Liability Co	mpany," "L.L.C.," or "LLC.")		
		<u> </u>			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida The alteri	nate name must include "Limited Liabi	lity Company,"	"L L C," or "LLC."
Delaware 2.		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number,	if applicable)	
Upon Filing 4.					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration) ine penalty liabi	lity)		
4500 Dorr Street 5.		45	00 Dorr Street		
O. (Street Address of Principal Office)		6	(Mailing Address)		
Toledo, OH 43615		То	ledo, OH 43615		
					202
7. Name and street addres	s of Florida registered agent: (P.O. Box	 : <u>NOT</u> acce	ptable)	, -	74 TEB
			•		16 Fig.
Name:	Corporation Service Company				PH 10:
Office Address:	1201 Hays Street			-	<u></u>
	Tallahassee		32301 . Florida		
	(City)		(Zip code)	<u> </u>	

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.

Corporation Service Company

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:	□Manager	Name: Sharon Makowsky
■Member	Address: 4500 Dorr Street	□Member	Address: 4500 Dorr Street
□Authorized	Toledo, OH 43615	≅ Authorized	Toledo, OH 43615
Person		Person	
□Other	Other	□Other	Other
□Manager	Russell Simon	□Manager	Name:
□Member	Address: 4500 Dorr Street	□Member	Address:
■Authorized	Toledo, OH 43615	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

<u>Important Notice</u>: 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.

9C9809658844411... Signature of an authorized person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1900 BLUE FOX WAY OPCO 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1900 BLUE FOX WAY OPCO LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2024.

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



Jeffrey W. Buflock, Secretary of State

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Authentication: 202826744