

7/26/24, 1:29 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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: mzygarlicke@grandliving.com

Foreign Limited Liability Company
GRAND LIVING AT CORAL GABLES, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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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. GRAND LIVING AT CORAL GABLES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0905, F.S. to determine penalty liability)

5. 7825 Washington Avenue South, Suite #650
(Street Address of Principal Office)

6. 7825 Washington Avenue South, Suite #650
(Mailing Address)

Minneapolis, MN 55439

Minneapolis, MN 55439

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)

Christine Kelm
Christine Kelm
Assistant Secretary

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>
☐ Manager	Name: <u>Dan R. Peterka</u>	☐ Manager	Name: <u>Melinda Seifert</u>
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	<u>7825 Washington Ave S Ste #650</u>	☐ Authorized	<u>7825 Washington Ave S Ste #650</u>
Person	<u>Minneapolis, MN 55439</u>	Person	<u>Minneapolis, MN 55439</u>
☒ Other <u>CEO/Treasurer</u>	☐ Other _____	☒ Other <u>CIO/Secretary</u>	☐ Other _____
☐ Manager	Name: <u>Grand Living Management, LLC</u>	☐ Manager	Name: <u>Nikos Westmoreland</u>
☒ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	<u>7825 Washington Ave S Ste #650</u>	☐ Authorized	<u>7825 Washington Ave S Ste #650</u>
Person	<u>Minneapolis, MN 55439</u>	Person	<u>Minneapolis, MN 55439</u>
☐ Other _____	☐ Other _____	☒ Other <u>COO/President</u>	☐ Other _____
☐ Manager	Name: <u>Melissa Zygarlicke</u>	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☒ Authorized	<u>7825 Washington Ave. S. Ste #650</u>	☐ Authorized	_____
Person	<u>Minneapolis, MN 55439</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ 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.

Melinda Seifert

Signature of an authorized person

Melinda Seifert

CIO/Secretary

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GRAND LIVING AT CORAL GABLES, 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 JULY, A.D. 2024.

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



4072178 8300

SR# 20243155194

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203938965

Date: 07-16-24