

Florida Department of State

Division of Corporations

M24000010908

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To:

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

From:

Account Name : C I 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: mschumacher@sonidaliving.com

Foreign Limited Liability Company

SONIDA OVIEDO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Help

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OFFICE

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Sonida Oyiedo, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

If name may change, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2 Delaware 99-4181382
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4 N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5 14755 Preston Road, Suite 810
(Street Address of Principal Office)
Dallas, TX 75254
6 14755 Preston Road, Suite 810
(Mailing Address)
Dallas, TX 75254

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: James Martin
C T Corporation System
Registered agent's signature
James Martin - 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>Brandon M. Ribar</u>	Manager	Name: <u>David R. Brickman</u>
☐ Member	Address: <u>14755 Preston Road, Ste. 810</u>	☐ Member	Address: <u>14755 Preston Road, Ste. 810</u>
☒ Authorized	<u>Dallas, TX 75254</u>	☒ Authorized	<u>Dallas, TX 75254</u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
☐ Manager	Name: <u>Donna S. Brown</u>	☐ Manager	Name: <u></u>
☐ Member	Address: <u>14755 Preston Road, Ste. 810</u>	☐ Member	Address: <u></u>
☒ Authorized	<u>Dallas, TX 75254</u>	☐ Authorized	<u></u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
☐ Manager	Name: <u></u>	☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>	☐ Member	Address: <u></u>
☐ Authorized	<u></u>	☐ Authorized	<u></u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>

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.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SONIDA OVIEDO, 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 AUGUST, A.D. 2024.

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


Jeffrey W. Bullock, Secretary of State

4303380 8300

SR# 20243437400

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

Authentication: 204180384

Date: 08-16-24