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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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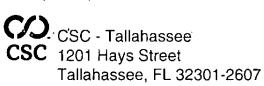
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850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 08/28/24 Order #: 1605081-3

Re: 5785 SE Pinehurst Trail Landlord LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

Docusign Envelope ID: 20063FFA-8111-4CDE-92E6-1AA997F8A999 **COVER LETTER** TO: Registration Section **Division of Corporations** 5785 SE Pinehurst Trail Landlord LLC SUBJECT: Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. Please return all correspondence concerning this matter to the following: Teresa Mayo Name of Person Welltower Inc. Firm/Company 4500 Dorr Street, Address Toledo, OH 43615 City/State and Zip Code tmayo@welltower.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Teresa Mayo 682 216-4035 Name of Contact Person Area Code Daytime Telephone Number **Mailing Address:** Street Address: Registration Section Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee &

Certificate of Status Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy 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:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Lia	bility Company," "L.L C," or "LLC.")
Delaware		3	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numbe	r, if applicable)
·	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) e penalty liability)	
4500 Dorr Street		4500 Dorr Street	
treet Address of Principal Office)	-	6. (Mailing Address)	
Toledo, OH 43615		Toledo, OH 43615	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2021
Name and street address	of Florida registered agent: (P.O. Box Corporation Service Company	<u>NOT</u> acceptable)	2024 AUG 28
		NOT acceptable)	2024 AUG 28 APT 7:
Name:	Corporation Service Company	32301	o 55
Name:	Corporation Service Company 1201 Hays Street		
Name: Office Address: egistered agent's acceplaying been named as resignated in this applica	Corporation Service Company 1201 Hays Street Tallahassee (City)	32301, Florida	Sability company at the plant this capacity. I further a

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: Welltower OP LLC	□Manager	Name:
■Member	Address: 4500 Dorr Street	□Member	Address: 4500 Dorr Street
□Authorized	Toledo, OH 43615	Authorized	Toledo, OH 43615
Person		Person	
Other	Other	□Other	Other
	N.		
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□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.

Signed by:				
Sharon Makowsky	1			
909809858844411	Signature of an authorized person			
Sharon Makowsky, Authorized Person				

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "5785 SE PINEHURST TRAIL LANDLORD 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-EIGHTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5785 SE

PINEHURST TRAIL LANDLORD LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY

OF AUGUST, A.D. 2024.

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

Authentication: 204261021

Date: 08-28-24