

**FB000001095**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

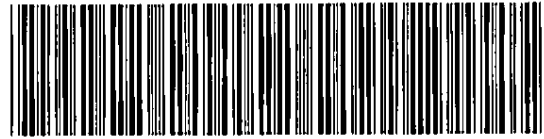
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
18 MAR -6 PM 4:21  
2018 MAR -6 A 9:51  
FILED  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 094502 7452534

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : March 2, 2018

ORDER TIME : 2:59 PM

ORDER NO. : 094502-020

CUSTOMER NO: 7452534

FOREIGN FILINGS

NAME: HCP S-H 2015 MEMBER, INC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

SECRETARY  
TALLAHASSEE, FL 32301

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HCP S-H 2015 Member, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
Olga De Stefanis

Name of Person	
HCP, Inc.	
Firm/Company	
1920 Main Street, Suite 1200	
Address	
Irvine, CA 92614	
City/State and Zip code	
hep@cscinfo.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Olga De Stefanis	949	407-0700
Name of Person	Area Code	Daytime Telephone Number

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TALLAHASSEE, FL

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

HCP S-H 2015 Member, Inc.

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 20-3109318 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/30/2005 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614 (Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee, Florida 32301 (City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 By: Roxanne Turner (Registered agent's signature)

Roxanne Turner Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

✓ Chairman: Troy E. McHenry  
Address: c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614

✓ Vice Chairman: Peter A. Scott  
Address: c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

✓ President: Thomas M. Herzog  
Address: c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614

Vice President: Kendall Young  
Address: c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614

✓ Secretary: Troy E. McHenry  
Address: c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614

Treasurer: Matthew A. Brill  
Address: c/o HCP, Inc., 1920 Main Street, Suite 1200, Irvine, CA 92614

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Kendall Young, Executive Vice President  
(Typed or printed name and capacity of person signing application)

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# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCP S-H 2015 MEMBER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HCP S-H 2015 MEMBER, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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2018 MAR -6 A 9:51  
SECRETARY'S OFFICE  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

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SR# 20181694140

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202252828

Date: 03-05-18