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Division of Corporations
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Foreign Limited Liability Company
SONATA SENIOR LIVING LAKE MARY LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED
2020 NOV 16 PM 1:55

20 NOV 16 AM 11:40

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. SONATA SENIOR LIVING LAKE MARY, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(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 "LLC.")

2. DELAWARE
(State in which foreign limited liability company was organized)
3. (FEI number, if applicable)

4. UPON FILING OF THIS APPLICATION
(If the firm transacts business in Florida, it must be registered. See sections 605.0901 & 605.0902, F.S., to determine possible liability)

5. 390 N. ORANGE AVENUE
(Sited Address of Principal Office)
SUITE 2150
ORLANDO, FLORIDA 32801
6. 390 N. ORANGE AVENUE
(Mailing Address)
SUITE 2150
ORLANDO, FLORIDA 32801

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

Name: SHEILLEY ESDEN
Office Address: 390 N. ORANGE AVENUE, SUITE 2150
ORLANDO, FLORIDA 32501, Florida 32801
(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.

Signature of registered agent: Sheilley Esden

Vertical stamp: 20 NOV 16 AM 11:40

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>
<input type="checkbox"/> Manager	Name: HSH SONATA JV I, LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 390 N ORANGE AVENUE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	SUITE 2150 ORLANDO, FLORIDA 32801	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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.

Shelley Esden
Signature of an authorized person

SHELLEY ESDEN
Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SONATA SENIOR LIVING LAKE MARY, 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-FIRST DAY OF OCTOBER, A.D. 2020.

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



JWB
 Jeffrey W. Bullock, Secretary of State

3751065 8300

SR# 20207948733

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

Authentication: 203906870

Date: 10-21-20