



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 JAN - 7 PM 12:18

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Blueprint Healthcare Real Estate Advisors LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: 6/14/2013		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Registered Agents Inc.		
Street Address (NOT a P.O. Box) One Richmond Square STE 125B		
City/Town Providence	State RHODE ISLAND	Zip Code 02906
5. The Department of State is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.		
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JAN 07 2019

BY E2EVP
A.A. 12:18pm.

7. The mailing address for the limited liability company is:

191 N. WACKER DRIVE STE 1680 CHICAGO IL 60606

8. Management of the Limited Liability Company:

The limited liability company is managed:

☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
Torey Riso	191 N. Wacker Drive Ste 1680 Chicago IL 60606
Ben Firestone	191 N. Wacker Drive Ste 1680 Chicago IL 60606

9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.

10. Date when this application for Certificate of Registration will be effective: **CHECK ONLY ONE BOX**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the day of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

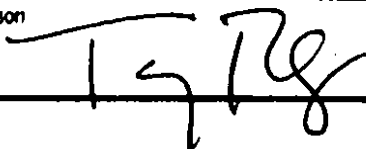
Type or Print Name of LLC

Date

Blueprint Healthcare Real Estate Advisors LLC

1/3/2019

Signature of Authorized Person



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUEPRINT HEALTHCARE REAL ESTATE ADVISORS, 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 TWENTIETH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUEPRINT HEALTHCARE REAL ESTATE ADVISORS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2013.

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

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SR# 20188286377

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204149933

Date: 12-20-18



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

January 07, 2019 12:18 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

