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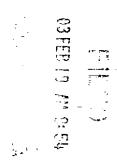
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MJH



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Lessor - Five Facilities, 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", 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:
Jennifer J. Bakhuyzen
(Name of Person)
Dykema Gossett, PLLC
(Firm/Company)
300 Ottawa Avenue, NW, Suite 700
(Address)
Grand Rapids, MI 49503
(City/State and Zip code)
For further information concerning this matter, please call:
Jennifer J. Bakhuyzen at (616) 776-7500
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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.

1. Florida Le	ssor - Five Facilities, Incorporated			
words or abbrev		TED", "COMPANY", "CORPORATION" or rly indicate that it is a corporation instead of a at present.)		
2. Maryland	-	16-1650493		
(State or country	under the law of which it is incorporated)	3. (FEI number, if applicable)		
4 January	9, 2003	S Perpetual		
(Dat	e of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "per	petual")	
6. Upon Qu	alification			
(Date first transa	(SEE SECTIONS 607.15	ot transacted business in Florida, insert "upon qualif 01, 607.1502 and 817.155, F.S.)	fication.")	
7 Omega Health	care Investors, Inc., 9690 Deereco Road,	Suite 100, Timonium, Maryland 21093		
	(Principal office accare Investors, Inc., 9690 Decreco Road	idress)		
<u> </u>	(Current mailing a	ddress)		
9. Name and <u>sti</u>		the State of Florida. country to be carried out in state of Florida) t: (P.O. Box or Mail Drop Box NOT acceptab	le) 03	
Name: Office Address:	1201 Hays Street			11
		, Florida(Zip code)) All 8: 54	£
	(City)	(Zip code)	့် က္	₹ : "S#
Having been nandesignated in the further agree to duties, and I am	is application, I hereby accept the appoint comply with the provisions of all statute familiar with and accept the obligations		on at the p this capac ance of my	city. I
6	Yury Manyane X (Registered agent's	Tracy Manganelli, Authorital Lymson, s signature)	latic	

11. 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.

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

A. DIREC	CTORS	
Chairman:	C. Taylor Pickett	
Address: _	c/o Omega Healthcare Investors, Inc.	
-	9690 Deereco Road, Suite 100, Timonium, Maryland 21093	
Vice Chair	Daniel J. Booth	
	c/o Omega Healthcare Investors, Inc.	
	9690 Deereco Road, Suite 100, Timonium, Maryland 21093	
Director:	Robert Stephenson	
Address:	c/o Omega Healthcare Investors, Inc.	-
_	9690 Deereco Road, Suite 100, Timonium, Maryland 21093	
Director: _		
Address:		
_		
B. OFFIC	TEDS	
	C. Taylor Pickett	
	c/o Omega Healthcare Investors, Inc.	
_	9690 Deereco Road, Suite 100, Timonium, Maryland 21093	—
_		—
Vice Presid	ent:	
Address: _	-	
_	Desired 1 Desire	
	Daniel J. Booth	
Address: _	9690 Deereco Road, Suite 100, Timonium, Maryland 21093	
Treasurer:	Robert Stephenson	
Address: _	9690 Deereco Road, Suite 100, Timonium, Maryland 21093	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. <u>Da</u>	niel J. Booth, Secretary	
	(Typed or printed name and capacity of person signing application)	

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE. IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS. OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FLORIDA LESSOR - FIVE FACILITIES. INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS. CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 24, 2003.

Paul B. Anderson Charter Division

Paul B. Under

