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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
M89, 547, 671 11/74
Office Use Only \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\



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DYKEMAGOSSETTPLLC

Suite 700 300 Ottawa Avenue, N.W. Grand Rapids, Michigan 49503 WWW.DYKEMA.COM

Tel: (616) 776-7500 Fax: (616) 776-7573

Direct Dial: (616) 776-7580 Email: AKAMPS@DYKEMA.COM Overnight Courier/Mail

October 6, 2003

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Certificate of Authority Filing

Dear Sir or Madam:

Please find enclosed for filing, the Certificate of Authority for Florida Lessor – Meadowview, Inc. with attached Certificate of Existence duly authenticated. Also enclosed is a \$87.50 to cover the filing fee. Upon completion, please return the Certified Certificate of Authority together with the Certificate of Status to my attention in the enclosed self-addressed stamped envelope.

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

Anna M. Kamps Legal Specialist

Enclosures

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Florida Lessor - Meadowview, 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. P.O. Box 6327 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 ☐ 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.

1. Florida Le	essor - Meadowview, Incorporated		
words or abbre-		ATED", "COMPANY", "CORPORATION" or arly indicate that it is a corporation instead of a at present.)	
_{2.} Maryland		3 56-2398721	āřá "*
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	· · · · ·
_{4.} 9/16/03		5 Perpetual	20 0
(Dat	te of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
6. Upon Qu	alification	and the same of th	
	acted business in Florida. If corporation has a (SEE SECTIONS 607.15)	not transacted business in Florida, insert "upon q 501, 607.1502 and 817.155, F.S.)	ualification.
Omega Health	care Investors, Inc., 9690 Deereco Road	, Suite 100, Timonium, Maryland 21093	
Omega Health	(Principal office a neare Investors, Inc., 9690 Deereco Road	I, Suite 100, Timonium, Maryland 21093	05
8. For any pu	urpose permitted under the laws of	f the State of Florida.	<u> </u>
9. Name and sti	<u>reet address</u> of Florida registered agen	t: (P.O. Box or Mail Drop Box NOT accep	otable)
Name:	CT Corporation System		
Office Address:	1200 South Pine Island Road		.,
	Plantation	Florida 33324	
	(City)	(Zip code)	
10 Registered :	agent's accentance:		

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.

(Registered agent's signature)

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. DIRE	CCTORS
Chairman:	C. Taylor Pickett
Address: _	c/o Omega Healthcare Investors, Inc.
_	9690 Deereco Road, Suite 100, Timonium, Maryland 21093
Vice Chair	man: Daniel J. Booth
Address:	c/o Omega Healthcare Investors, Inc.
•	9690 Deereco Road, Suite 100, Timonium, Maryland 21093
Director:	Robert Stephenson
Address:	c/o Omega Healthcare Investors, Inc.
. 144. 000.	9690 Deereco Road, Suite 100, Timonium, Maryland 21093
Director:	
Address:	8
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n opri	(i) I toward
B. OFFI	C. Taylor Pickett
President:	
Address: .	c/o Omega Healthcare Investors, Inc.
	9690 Deereco Road, Suite 100, Timonium, Maryland 21093
Vice Presi	dent:
Address: _	
-	
Secretary:	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: I	If necessary, you may attack an addendum to the application listing additional officers and/or directors.
13	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
_{14.} Da	aniel 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 - MEADOWVIEW, 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 SEPTEMBER 17, 2003.

Paul B. Anderson Charter Division

Sal B. Under

