

M23000006557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

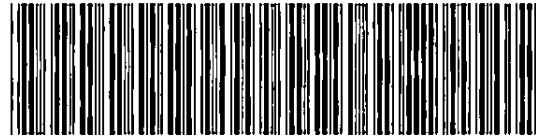
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700408987057

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2023 MAY 19 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FL



2023 MAY 19 PM 4:11

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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexis Weiland-Sorenson
Ext: 61592
Date: 05/19/23
Order #: 1216145-1
Re: Palm Bay Property Investors, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Alexis Weiland-Sorenson', written over a horizontal line.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Bay Property Investors, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joan E. Thurmond

Name of Person

Life Care Centers of America, Inc.

Firm/Company

3570 Keith Street, NW

Address

Cleveland, TN 37312

City/State and Zip Code

joan_thurmond@lcca.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan E. Thurmond

423

473-5868

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee

\$130.00 Filing Fee &

Certificate of Status

\$155.00 Filing Fee &

Certified Copy

\$160.00 Filing Fee, Certificate

of Status & Certified Copy

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. Palm Bay Property Investors, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC")

2. Tennessee 93-1434886
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. upon qualification
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 3570 Keith Street, NW 3570 Keith Street, NW
(Street Address of Principal Office) (Mailing Address)
Cleveland, TN 37312 Cleveland, TN 37312

7. 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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TALLAHASSEE, FL.

Registered agent's acceptance:
I 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.

By: Alexis Weiland-Sorenson, ACP
(Corporation Service Company)
(Registered agent's signature)

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]:

Title or Capacity: Corporate Manager
Name and Address:
 Name: Developers Investment Company II, Inc.
 Address: 3570 Keith Street, NW
 Cleveland, TN 37312
 Person
 Other _____ Other _____

Title or Capacity: Manager
Name and Address:
 Name: Forrest L. Preston
 Address: 3570 Keith Street, NW
 Cleveland, TN 37312
 Authorized
 Person: President of Corporate Manager
 Other _____ Other _____

Manager Name: J. Stephen Ziegler
 Member Address: 3570 Keith Street, NW
 Authorized
 Person: Vice President of Corporate Manager
 Other _____ Other _____

Manager Name: Cindy S. Cross
 Member Address: 3570 Keith Street, NW
 Authorized
 Person: Vice President/Secretary of Corporate Manager
 Other _____ Other _____

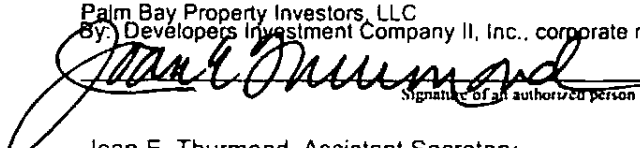
Manager Name: Joan E. Thurmond
 Member Address: 3570 Keith Street, NW
 Authorized
 Person: Assistant Secretary of Corporate Manager
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized
 Person: _____
 Other _____ Other _____

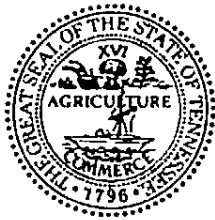
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Palm Bay Property Investors, LLC
 By: Developers Investment Company II, Inc., corporate manager

 Signature of an authorized person
 Joan E. Thurmond, Assistant Secretary

 Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL.
Nashville, TN 37243-1102

CAPITAL FILING SERVICE
992 DAVIDSON DR., STE B, STE B
NASHVILLE, TN 37205

May 18, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0530752

Issuance Date: 05/18/2023
Copies Requested: 1

Document Receipt

Receipt #: 008125328
Payment-Credit Card - State Payment Center - CC #: 3851440477

Filing Fee: \$20.00
\$20.00

Regarding: Palm Bay Property Investors, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 05/16/2023
Status: Active
Duration Term: Perpetual
Business County: BRADLEY COUNTY

Control #: 1427749
Date Formed: 05/16/2023
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Palm Bay Property Investors, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 060724018