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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: drouse@kingswayamerica.com

Foreign Limited Liability Company  
SECURE NURSING SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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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. Secure Nursing Service 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
(Jurisdiction under the law of which foreign limited liability company is organized)
3.
(Tax number, if applicable)

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

5. 3333 Wilshire Boulevard, Suite 625
(Street Address of Principal Office)
Los Angeles, CA 90010
6. 3333 Wilshire Boulevard, Suite 625
(Mailing Address)
Los Angeles, CA 90010

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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.

By: Margaret E. Routzahn
(Registered agent's signature)
Margaret E. Routzahn, Assistant Secretary

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: <u>Pegasus Acquirer Holdings LLC</u>	<input type="checkbox"/> Manager	Name: <u>Charles A. Mokuolu</u>
<input checked="" type="checkbox"/> Member	Address: <u>10 S. Riverside Plaza</u>	<input type="checkbox"/> Member	Address: <u>3333 Wilshire Boulevard</u>
<input type="checkbox"/> Authorized Person	<u>Suite 1520</u> <u>Chicago IL 60606</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Suite 625</u> <u>Los Angeles, CA 90010</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>John T. M. Fitzgerald</u>	<input type="checkbox"/> Manager	Name: <u>Kent A. Hansen</u>
<input type="checkbox"/> Member	Address: <u>10 S. Riverside Plaza</u>	<input type="checkbox"/> Member	Address: <u>10 S. Riverside Plaza</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 1520</u> <u>Chicago IL 60606</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Suite 1520</u> <u>Chicago IL 60606</u>
<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 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.

Signature of an authorized person

Charles A. Mokuolu, Chief Executive Officer

Typed or printed name of signer

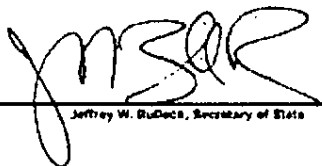
# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURE NURSING SERVICE 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 FIFTH DAY OF JUNE, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State