M2300015365

(Requ	iestor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2023 DEC -6 AH 11: 27

RECEIVE

CEC 0 7 2023

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

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/06/23 Order #: 1327740-2

Re: Sebring Nursing & Rehabilitation Center LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority-

Amount to be deducted from our \$

12000000195

. 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.

Account: \$125.00 - FL State Account Number:

COVER LETTER

ECT:	Sebring Nursing & Rehabilitation Center L	.LC
	Nam	ne of Limited Liability Company
nclosed nce, and	"Application by Foreign Limited Liability I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Cerr referenced foreign limited liability company to transact business i
	all correspondence concerning this matter t	
	Melody Shannon	
		Name of Person
	Candour Management LLC	
		Firm/Company
	10503 Timberwood Circle, Suite 200	
		Address
	Louisville, KY 40223	
	C	ity/State and Zip Code
	nelody.shannon@volarehcm.com	
	E-mail address: (to be	used for future annual report notification)
ther info	ormation concerning this matter, please cal	E:
Meloc	dy Shannon	270 336-1050 ext 203
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations
	Box 6327 hassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEP. 25.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certific

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:

	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited L	iability Company," "L.L.C," or "I	LLC.")
DE		3		
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI numb	per, if applicable)	=
· _	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty liability)		
10503 TIMBERWOOD CRICLE, SUITE 200		10503 Timberwood Circle,		
treet Address of Principal Office)		6. (Mailing Address)	<u>-</u>	
LOUISVILLE, KY 40223		Louisville, KY 40223		
				,
			20	_
Name and street address	ss of Florida registered agent: (P.O. Box	NOT appertable)	23 D	
rvaine and succe addic.	ss of Florida registered agent. (F.O. Box	NOT acceptable)		•11
Name:	Corporation Service Company		5	計画
Office Address:	1201 Hays Street			
	Tallahassee	32301 , Florida	27	
	(City)	(Zip code)		
	tance:			
egistered agent's accep	gistered agent and to accept service of p			

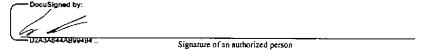
(Registered agent's signature)

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:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name: Eliezer Schwartz	□Manager	Name: Mark Tress	
■Member	Address: 10503 Timberwood Circle	≅Member	Address: 150 Airport Rd.	
□Authorized	Suite 200	□Authorized	Suite 900	
Person	Louisville, KY 40223	Person		
Other	Other	□Other	Other	
□Manager	Name: Daryl Hagler	□Manager	Name:	
■Member	Address: 10503 Timberwood Circle	□Member	Address:	
□Authorized	Suite 200	□Authorized		
Person	Louisville, KY 40223	Person		
Other	□Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□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.



Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SEBRING NURSING & REHABILITATION

CENTER 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 FOURTH DAY OF DECEMBER, A.D.

2023.

Authentication: 204720152

Date: 12-04-23