

M24000001223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

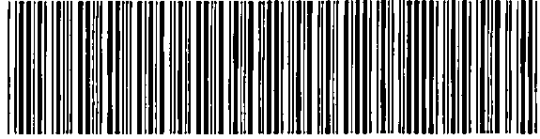
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

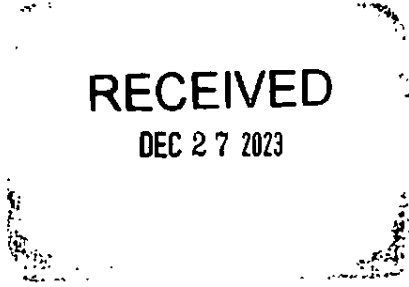
w240000/4115

Office Use Only



800420921248

12/28/23--01010--005 **250.00



6049 FEB - 1 PM 4:33

MS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2024

MELODY SHANNON
10503 TIMBERWOOD CIRCLE, SUITE 200
LOUISVILLE, KY 40223 US

SUBJECT: SEBRING ALF PROPCO LLC
Ref. Number: W24000014115

We have received your document for SEBRING ALF PROPCO LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 324A00001806

*Rec'd
2/1/24*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sebring ALF Propco 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:

Melody Shannon

Name of Person

Sebring ALF Propco LLC

Firm/Company

10503 Timberwood Circle, Suite 200

Address

Louisville, KY 40223

City/State and Zip Code

melody.shannon@volarehcm.com

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

For further information concerning this matter, please call:

Melody Shannon

270

336-1050 x203

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. Sebring ALF Propco 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

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

5. 10503 Timberwood Circle, Suite 200
(Street Address of Principal Office)

6. 10503 Timberwood Circle, Suite 200
(Mailing Address)

Louisville, KY 40223

Louisville, KY 40223

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)

2009 FEB - 1 PM 4: 33

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.

Corporation Service Company

By: Zachary Chiri
(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:**

Manager Name: Eliezer Schwartz

Member Address: 10503 Timberwood Circle

Authorized Suite 200

Person Louisville, KY 40223

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Chaim Hager

Member Address: 10503 Timberwood Circle

Authorized Suite 200

Person Louisville, KY 40223

Other _____ Other _____

Manager Name: Daryl Hagler

Member Address: 10503 Timberwood Circle

Authorized Suite 200

Person Louisville, KY 40223

Other _____ Other _____

Manager Name: Kenneth Rozenberg

Member Address: 10503 Timberwood Circle

Authorized Suite 200

Person Louisville, KY 40223

Other _____ Other _____

Manager Name: Mark Tress

Member Address: 150 Airport Road

Authorized Suite 900

Person Lakewood, NJ 08701

Other _____ Other _____

Manager Name: Stephen Werdiger

Member Address: 150 Airport Road

Authorized Suite 900


Person Lakewood, NJ 08701

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.

DocuSigned by:

 D2A3B874AB99494 ..

 Signature of an authorized person

Eliezer Schwartz

 Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEBRING ALF PROPCO 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 THIRTIETH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEBRING ALF PROPCO LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2023.

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



2712676 8300

SR# 20240292400

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202700117

Date: 01-30-24