

Certificate of Limited Partnership

A19000000070
FILED
February 11, 2019
Sec. Of State
mmilligan

Name of Limited Partnership:

MASTER SUMMER BROOK FL SNF MANAGEMENT, LP

Street Address of Limited Partnership:

5377 MONCRIEF ROAD
JACKSONVILLE, . 32209

Mailing Address of Limited Partnership:

7077 AVE DU PARC SUITE 600
MONTREAL, QC. CA H3N1X7

The name and Florida street address of the registered agent is:

VCORP SERVICES, LLC
5011 SOUTH STATE ROAD 7
SUITE 106
DAVIE, FL. 33314

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: LAURA BOHAN

The name and address of all general partners are:

Title: G
CCC GP, LLC
1759 49TH ST
BROOKLYN, NY. 11204 US

The effective date for this Limited Partnership shall be:

02/11/2019

Signed this Eleventh day of February, 2019

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: AARON FRIEDMAN, MANAGER

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that 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.