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MAR 2 3 2020

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Diversicare Facilities, Inc.			
	on - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the		
Please return all correspondence concerning this matt	er to the following:		
Amber F	Cilpatrick		
	f Person		
ILSA.	Inc.		
Firm/Co	mpany		
111 N. R	ailroad St.		
	ress		
Groesbeck	x, TX 76642		
City/State and Zip code			
akilpatrick	@ilsainc.com		
	for future annual report notification)		
For further information concerning this matter, please	e call:		
A t 17.11	720 0100		
Amber Kilpatrick at (254 Area Co	729-6106 Daytime Telephone Number		
Name of Ferson	de Daytine refeptione rumber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Diversicare Facilities, Inc.					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," "Corp.")					
. ((If name unavaila	ible in Fiorida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)		
2.	Texas) .	76-0573258			
		y under the law of which it is incorporated)	(FEI number, if applicat	ole)		
.1	05/29/1998	5.				
.,	(Date of incorporation)		(Date of duration, if other than perpetual)			
б.						
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7	7. 18 Augusta Pines Dr. Ste 220W, Spring, TX 77389 (Principal office address)					
		(••••			
-	 	(Current maili	ng address, if different)			

8.	Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	• •		
	Name:	C T Corporation System				
	Name.	1200 South Pine Island Road		(·		
Of	fice Address:			•		
		Plantation,	, Florida	\$ N		
		(City)	(Zip code)	. 5		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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: Terrie Bates, Asst. Secy

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: John F. Armstrong III Address: 18 Augusta Pines Dr. Ste 220W Spring, TX 77389 Director: **B. OFFICERS** President: John F. Armstrong III Address: 18 Augusta Pines Dr. Ste 220W Spring, TX 77389 Vice President: Address: ____ _ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$,817.155, F.S.

(Typed or printed name and capacity of person signing application)

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Sccretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for DIVERSICARE FACILITIES, INC. (file number 148965700), a Domestic For-Profit Corporation, was filed in this office on May 29, 1998.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 17, 2020.

THE OF STATE OF STATE

Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/

Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 956442640002