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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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Email Address:

FLORIDA LIMITED LIABILITY CO.

Atrium SNF Holdings LLC

Certificate of Status	0
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Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liabilit	ty Company is:			
Atrium SNF Holding				
(Musi end	with the words "Limited	Liability Company,	"L.L C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Limited I	Jahility Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
Lakewood NJ 08701			101 Chase Ave, Suite 301 Lakewood NJ 08701	
another business entity with an a	_			
The name and the Florida street				
The name and the Plorida street	address of the registered Veorp Services, LLC			
The name and the Plorida street		Name		
The name and the Plorida street	Veorp Services, LLC 5011 South State Ro	Name	ceptable)	
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The name and the Plorida street	Veorp Services, LLC 5011 South State Ro Florida street address	Name and 7, Suite 106 is (P.O. Box <u>NOT</u> ac	ceptable)	
Having been named as registered, place designated in this certificate further agree to comply with the pr	Veorp Services, LLC 5011 South State Ro Florida street addres Davie, FL 33314 City agent and to accept serve, Thereby accept the approvisions of all stantas redigations of my position	Name and 7, Suite 106 as (P.O. Box NOT ac State ice of process for the electric properties as registered agent ac	Zip above stated limited liability company at the dagent and agree to act in this capacity. I and complete performance of my duties, and a provided for in Chapter 605, F.S.	
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Page 1 of 2

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itle:	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager	Jonathan Bleier	
MGR	101 Chase Ave, Suite 301	
	Lakewood NJ 08701	
		
		
les attachment if necessary)		
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