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Tc:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (945) 425-0077 Fax Number : (845) \$18-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

FLORIDA LIMITED LIABILITY CO. Lodge SNF LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

NOV 1 3 2020

T. SCOTT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIED LIABILITY COMPANY

ACTICIES OF ORGANIZATION FOR FLO	
ARTICLE I - Name:	*
The name of the Limited Liability Company is:	, i
Lodge SNF LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
400 Rella Blvd, Ste 200	400 Rella Blvd, Ste 200
Montebello, NY 10901	Montebello, NY 10901

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration)

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

Vcorp Services, LLC	<u> </u>	
	Name	
5011 South State Ro	ad 7, Suite 106	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Davie	FL	33314
City	State	Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Mr. Mit

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each	person authorized to manage and control the Limi	ted Liability Company:

"AMBR" = Manager AMBR Moshe Scheiner 400 Relia Hivd, Ste 200 Montebello, NY 16901 Moshe Scheiner 400 Relia Bivd, Ste 200 Montebello, NY 16901 Moshe Scheiner 400 Relia Bivd, Ste 200 Montebello, NY 16901 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:			Name and Address:
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)