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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FILE IT USA INC.
Account Number : I20190000121
Phone : (718)925-2025

Fax Number : (718)925-2027

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

Email Address: service@tileitusa.com

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FLORIDA LIMITED LIABILITY CO.

The Sunshine SNF Realty Group LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Sunshine SNF Realty Group LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1463 66th Street	1463 66th Street		
Brooklyn, NY 11219	Brooklyn, NY 11219		
	 		

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:

Corporate Creations Network Inc.

Name

801 US Highway 1

Florida street address (P.O. Box NOT acceptable)

 North Palm Beach
 FL
 33408

 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..

Lauren Underwood, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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From: 17189252027 To: 18506176381

(((1122000008353 3)))

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Joel Zupnick	
	1463 66th Street Brooklyn, NY 11219	
	Brooklyn, NY 11219	
AMBR	Joel Leifer	
13771371	1463 66th Street	
	Brooklyn, NY 11219	
AMBR	Cheskel Berkowitz	
	1463 66th Street	
	Brooklyn, NY 11219	
(Use attachment if necessary)		
CLE V: Effective date, if other than the d	ata af filimus	(ODTIONAL)
effective date is listed, the date must be te of filing.)	specific and cannot be more than fi	ive business days prior to or 90 days after grequirements, this date will not be listed a
cument's effective date on the Departme		,
CLE VI: Other provisions, if any,		
•		

Miran Schratz Signature of a member or an authorized representative of a member.

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.

Miriam Schwartz

Typed or printed name of signee

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)