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Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
HARBORWOOD NURSING AND REHAB LLC**

Certificate of Status	0
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416

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

HARBOURWOOD NURSING AND REHAB LLC

(Must end with 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:400 RELIA BLVD  
MONTEBELLO, NY 10901Mailing Address:400 RELIA BLVD  
MONTEBELLO, NY 10901

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

INTERSTATE AGENT SERVICES LLC

Name

100 SE 2ND STREET, SUITE 2000 #209Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33131

City

State

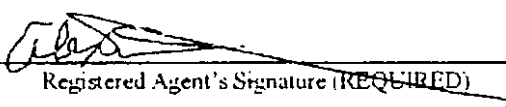
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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..

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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#### ARTICLE IV.

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Managing Member

**Name and Address:**

Madison Pointe Nursing Holdco LLC

400 RELLA BLVD

MONTEBELLO, NY 10901

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be listed as the document's effective date on the Department of State's records

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

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.

MOSHE SCHIEINER

Typed or printed name of signee

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