

3/15/22, 12:08 PM

L22000107290

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000096707 3)))



H220000967073ABCO

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : INTERSTATE FILINGS LLC  
Account Number : 120110000086  
Phone : (718)569-2703  
Fax Number : (718)504-7890

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAR 15 AM 5:48

FILED

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

Email Address: orders@interstatefilings.com

FLORIDA LIMITED LIABILITY CO.  
ARBOR NURSING AND REHAB LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

HL

Electronic Filing Menu

Corporate Filing Menu

Help

((1122000096707 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARBOR 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:

Mailing Address:

400 RELLA BLVD  
MONTEBELLO, NY 10901

400 RELLA BLVD  
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:

INTERSTATE AGENT SERVICES LLC

Name

100 SE 2ND STREET, SUITE 2000 #209

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

MIAMI                      FL                      33131

City                      State                      Zip

2022 MAR 15 AM 5:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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)

((1122000096707 3)))

((H22000096707 3))

**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:**

Arbor Nursing Holdeo LLC

400 RELIA BLVD

MONTEBELLO, NY 10901

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

(Use attachment if necessary)

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 SCHEINER**

\_\_\_\_\_  
Typed or printed name of signer

((H22000096707 3))

FILED  
2022 MAR 15 AM 9:48  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA