

3/23/22, 5:00 PM

Division of Corporations

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.

(((H22000108279 3)))



H220001082793ABC+

**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 : I20110000086  
Phone : (718)569-2703  
Fax Number : (718)504-7890

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

Email Address: CONTACT@INTERSTATEFILINGS.COM

RECEIVED  
2022 MAR 24 AM 8:54  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO.  
PALM BAY FL HOLDCO LLC

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

FILED  
2022 MAR 24 PM 2:54  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

(((H22000108279 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PALM BAY FL. HOLDCO 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:980 SYLVAN AVENUE  
ENGLEWOOD CLIFFS, NJ 07632Mailing Address:980 SYLVAN AVENUE  
ENGLEWOOD CLIFFS, NJ 07632

## 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

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..

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
2022 MAR 24 PM 2:54  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

(((H22000108279 3)))

(((H22000108279 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

Member

**Name and Address:**

ORCHID COVE SNF HOLDCO LLC

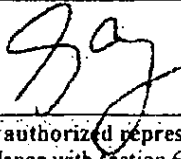
980 SYLVAN AVENUE

ENGLEWOOD CLIFFS, NJ 07632

(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 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.

SIMCHA HYMAN

Typed or printed name of signee

FILED  
 2022 MAR 24 PM 2:54  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

(((H22000108279 3)))