CORPORATE ACCESS,

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236 East 6th Avenue . Tallahassee, Florida 32303

INC.

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. Diversicare Good Samaritan, LLC (Name of foreign limited liability company)	<u></u> .
Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 62-1828858 (FEI number, if applicable)	
July 26, 2000 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
Upon Qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	. e e
7. 277 Mallory Station Road, Suite 130 Franklin, Tennessee 37067 (Street address of principal office)	· 1
3. If limited liability company is a manager-managed company, check here 7. The usual business addresses of the managing members or managers are as follows:	
277 Mallory Station Road, Suite 130, Franklin, Tennessee 37067	- warah sa
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Own and operate	
long term care facility. RIVERSICARE DEASING CORP. By: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee	OOSEP-7 MMI

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Co	ompany is:			
Diversicare Good Samaritan, LL	LC			
2. The name and the Florida street addre	ress of the registered agent and office are:			
NRAI Services, Inc. (Name)				
526 E. Park Avenue				
Florida street address (P.O. Box NOT ACCEPTABLE)				
Tallahassee	FL 32301			
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 608, F.S.. NRAI Services, Inc.

Charles A. Coyle (Signature)
Charles A. Coyle Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DIVERSICARE GOOD SAMARITAN, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SIXTH DAY OF SEPTEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIVERSICARE GOOD SAMARITAN, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2000.

AND I_DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0658770

DATE: 09-06-00

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