

M02000001578

Sumstate Research
Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SA-DG-Gainesville LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

02 JUN 18 PM 2:10Z JUN 18 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED RECORDS

- Walk in Pick up time _____
- Mail out Will wait Photocopy
- Certified Copy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-06/18/02--01052--022
2170.00 *155.00

6/18/02

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

OF

SA-PG - GAINESVILLE LLC

In compliance with Section 608.503, Florida Statutes, the following is submitted to register a foreign limited liability company to transact business in the state of Florida:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN 18 PM 2:17

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- 1. The name of foreign limited liability company is:

SA-PG - GAINESVILLE LLC

- 2. The State in which the limited liability company is organized is Delaware.

- 3. The limited liability company's Federal Employer Identification Number has not yet been received .

- 4. The date of which this limited liability company was organized is June 5, 2002.

- 5. The duration of the limited liability company is perpetual.

- 6. The date on which the limited liability company first transacted business in Florida is upon filing of this application.

- 7. The street address and mailing address of the principal office of the limited liability company is:

c/o Schwartzberg Associates, LLC
50 Main Street
White Plains, New York 10606

- 8. The limited liability company is member-managed.

- 9. The name and usual business addresses of the managing members are as follows:

Name

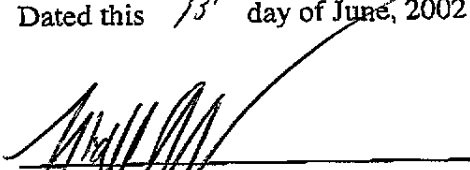
Address

New Rochelle Administrators, LLC

c/o Schwartzberg Associates, LLC
50 Main Street
White Plains, New York 10606

- 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized.
- 11. The nature of business or purposes to be conducted or promoted in Florida are as follows:
Operation of nursing homes

Dated this 13TH day of June, 2002



 Maxwell Storzberg
 Authorized Representative of Member

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 Company is:

SA-PG - GAINESVILLE LLC

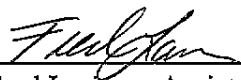
2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, Florida 32301

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TALLAHASSEE, FLORIDA

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.

Dated this 13th day of June, 2002


Fred Larison, Assistant Secretary

Delaware

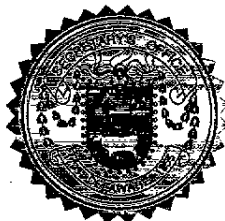
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SA-PG - GAINESVILLE 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 FOURTEENTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SA-PG - GAINESVILLE LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1832497

DATE: 06-14-02