020000021/8 /C >C Phone 561 627-0664 COMPANY HOME GUALITY MANAGEMENT Address 2401 PGA BLVD STE 146 FALM DEACH GARDENS State FL ZIP 33410 ur Internal Billing Reference Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time ☐ Walk in Certified Copy ☐ Will wait - Mail out Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit 000007079010--0 -08/13/02--01050--009 ****150.00 ****125.00 Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark FF\$125 Other

Examiner's Initials

CR2E031(1/95)

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

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: HOM of Sutton Place, LLC (Name of foreign limited liability company) Delaware Applied for (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 7/16/02 Perpetual . (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) October 1, 2002 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 2401 PGA Boulevard, Suite 155, Palm Bch. Gardens, FL 33410 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here x Ö 9. The name and usual business addresses of the managing members or managers are as follows: Home Quality Management, Inc., 2401 PGA Boulevard, Suite 155 Palm Beach Gardens, FL 33410 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Operation of skilled nursing facility.

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.)

Paul Walczak

Typed or printed name of signee

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: | | | |
|--|------------------------|-----------|--|
| HOM of Sutton Place, LLC | | | |
| 2. The name and the Florida street address of the registered agent and office are: | SE | O2 AUG | |
| Corporation Service Company (Name) | JRETANY O JAHASSEE, | IUG 12 AM | |
| 1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE) | F STATE FLORIDA | M 9: 27 | |
| 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.

Judith S. Blancett
as its agent

(Signature)

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOM OF SUTTON PLACE, 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 SECOND DAY OF AUGUST, A.D. 2002.



Darriet Smith Windso Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1918268

DATE: 08-02-02