

M04UWU002964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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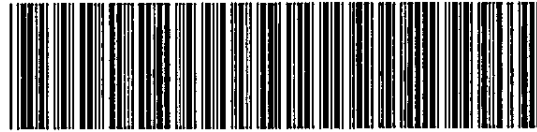
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JUL 23 AM 10:02
TALLAHASSEE, FLORIDA

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04 JUL 23 10:02 AM
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 816631

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 22, 2004

ORDER TIME : 9:43 AM

ORDER NO. : 816631-015

CUSTOMER NO: 4337594

CUSTOMER: Patricia Showalter, Legal Asst
Paul Hastings Janofsky &
Suite 2400
600 Peachtree Street, N.e.
Atlanta, GA 30308

FOREIGN FILINGS

NAME: COASTAL ADMINISTRATIVE
SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire -- EXT# 2909

EXAMINER: _____

4337594
Patricia
04 JUL 23
FILED
AM 10:02
STATE
FLORIDA

FILED
04 JUL 23 AM 10:02
SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Coastal Administrative Services, LLC
(Name of foreign limited liability company)

2. Delaware 3. 20-1002338
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March 11, 2004 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 1200 Abernathy Road, Suite 1700, Atlanta, GA 30328
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

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

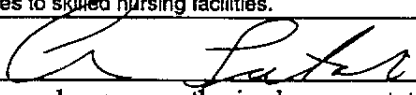
FCSCD Holdings, LLC, 1035 Powers Place, Alpharetta, Georgia 30004

Coastal Management Investment, LLC, 1200 Abernathy Road, Suite 1700, Atlanta, GA 30328

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: _____

Provide administrative and related services to skilled nursing facilities.


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.)

FCSCD Holdings, LLC, Member; By: FCSCD Manager, LLC; By: Christopher M. Serlich, Manager

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:

Coastal Administrative Services, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

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.


(Signature)

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

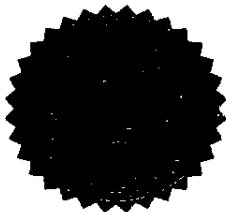
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COASTAL ADMINISTRATIVE SERVICES, 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 TWENTY-SECOND DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTAL ADMINISTRATIVE SERVICES, LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2004.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3776139 8300

AUTHENTICATION: 3248964

040537254

DATE: 07-22-04