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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Palmetto Oakbrook Operating L	LC	.*
(Name of Lin	nited Liability Company)	•
The enclosed "Application by Foreign Limited Lis Florida," Certificate of Existence, and check are so liability company to transact business in Florida		
Please return all correspondence concerning this n	natter to the following:	
Michael Greenwald		-
(Na	nme of Person)	SICRETAP DIVISION OF
C/O Millennium Health Care	Management	
(Fi	rm/Company)	سئائي
1055 NE 125th Street		Har Ha
	(Address)	
North Miami, FL 33161		
(City/Si	tate and Zip Code)	
For further information concerning this matter, ple	ease call:	
Jack Heiney	at (305) 981-8686	-
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
MAILING ADDRESS: Division of Corporations P.O. Box 6327	STREET ADDRESS: Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Of Status & Certified Copy of Status &	Certificate Certified Copy

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: Palmetto Oakbrook Operating LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual August 22, 2006 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1055 NE 125th Street, North Miami, FL 33161 (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: Avi Klein, Sole Manager, 1055 NE 125th Street, North Miami, FL 33161 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 Nursing Care 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.)

Typed or printed name of signee

Avi Klein

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.

 The name of the Limited Liability Company 	y is:
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Palmetto Oakbrook Operating LLC

2. The name and the Florida street address of the registered agent and offic	ce are	ent and offi	ed agent	registered	of the	address	street	Florida	the	and	The name	2.
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Michael Greenwald

(Name)

1055 NE 125th Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

North Miami, FL 33161

FL

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 oblightions of my position as neglistered agent as provided for in Chapter 608, Florida Statutes.

\$ 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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PALMETTO OAKBROOK OPERATIONS LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2006, AT 3:36 O'CLOCK P.M.



AUTHENTICATION: 4992371

DATE: 08-23-06

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State of Delaware Secretary of State Division of Componetions Delivered 04:15 PM 08/22/2006 FILED 03:36 PM 08/22/2006 SRV 060783682 - 4208735 FILE

CERTIFICATE OF FORMATION

OF

Palmetto Oakbrook Operating LLC

The undersigned, for the purpose of forming a limited liability company in accordance with the laws of the State of Delaware, hereby certifies that:

- 1. The name of the limited liability company is Palmetto Oakhrook Operating LLC.
- 2. The address of its registered office in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, Wilmington, County of New Castle, Delaware 19801. The name of its registered agent for service of process at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Pormation of Palmetto Oakbrook Operating LLC this 22nd day of August, 2006.

/s/ Avi Klein
Avi Klein, Authorized Signatory

DIVISION OF CONTROL OF STATE