

MO7000001314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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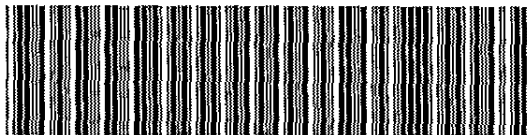
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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07 MAR -7 AM11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 786068 4304557

AUTHORIZATION

COST LIMIT : ~~\$ 2100.00~~

[Signature]

2225.00

ORDER DATE : March 5, 2007

ORDER TIME : 5:06 PM

ORDER NO. : 786068-005

CUSTOMER NO: 4304557

FILED
07 MAR -7 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

** AUTHORIZATION FOR ADDITIONAL FUNDS **

NAME: BRIDGE HEALTHCARE FINANCE,
LLC

XXXX QUALIFICATION (TYPE: LL)

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2007

TROY TODD
CSC
TALLAHASSEE, FL

SUBJECT: BRIDGE HEALTHCARE FINANCE, LLC
Ref. Number: W07000010939

RESUBMIT

FILED
07 MAR - 7 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BRIDGE HEALTHCARE FINANCE, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being retained for the following:

The application states that the company began transacting business in Florida on June 1, 2005.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,100.00.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 207A00015584

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07 MAR - 7 AM 8:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 MAR -7 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

1. Bridge Healthcare Finance, LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 77-0615228
(FEI number, if applicable)
4. November 13, 2003
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. June 1, 2005
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 233 South Wacker Drive, Suite 5350, Chicago, Illinois 60606
(Street Address of Principal Office)

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

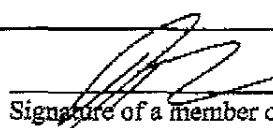
9. The name and usual business addresses of the managing members or managers are as follows:

D.B. Zwirn Special Opportunities Fund, L.P., 9 West 57th Street, 27th Floor, New York, New York 10019

Bridge Healthcare Investors, LLC, 233 South Wacker Drive, Suite 5350, Chicago, Illinois 60606

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; Finance healthcare companies


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.)

Jason A. Bragg

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:

Bridge Healthcare Finance, 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, Florida Statutes.

Corporation Service Company

By: Wanda F. Massey

(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 "BRIDGE HEALTHCARE FINANCE, 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 FIFTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIDGE HEALTHCARE FINANCE, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3727268 8300

070277170

AUTHENTICATION: 5478298

DATE: 03-05-07