

M07000001500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



300092242773

03/13/07--01029--003 **130.00

FILED
07 MAR 13 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Cypress Health Care Management of
Florida, LLC
44 S Broadway
Suite 614
White Plains, NY 10601
(914)390-4301**

March 12th, 2007

Florida Department of State
Registration Section/Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301


RE: Foreign LLC Authorization to Transact Business

Dear Department of State:

Enclosed is the completed application for a foreign limited liability company to transact business in the State of Florida, original certificate of existence, and check for \$130.00. Can you please mail the certified copy back to the address above.

If you have any questions please do not hesitate to contact our office.

Thank you,


Todd Reynolds
Paralegal

FILED
07 MAR 13 AM 11:53
SECRETARY OF STATE
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. Cypress Health Care Management of Florida, LLC
(Name of Foreign Limited Liability Company)

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/26/2006 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. The Schwartzberg Companies
44 S Broadway, Suite 614, White Plains NY 10601
(Street Address of Principal Office)

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

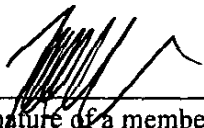
9. The name and usual business addresses of the managing members or managers are as follows:

<u>The Schwartzberg Companies</u>	<u>Maxwell Stolzberg</u>
<u>44 S Broadway Suite 614</u>	<u>White Plains, NY 10601</u>

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:

Management Company of nursing home 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.)

Maxwell Stolzberg, Manager

Typed or printed name of signee

FILED
07 MAR 13 AM 11:53
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:

Cypress Health Care Management of Florida, LLC

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

National Corporate Research, Ltd., Inc.

(Name)

515 East Park Avenue

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.

Piper Meloni Asst. Sec.

(Signature)

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

07 MAR 13 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Delaware

PAGE 1

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 "CYPRESS HEALTH CARE MANAGEMENT OF FLORIDA, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2006, AT 3:02 O'CLOCK P.M.

FILED
07 MAR 13 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA



4274870 8100

061186592

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5308922

DATE: 12-26-06

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:02 PM 12/26/2006
FILED 03:02 PM 12/26/2006
SRV 061186592 - 4274870 FILE

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

- ☐ **First:** The name of the limited liability company is Cypress Health Care Management of Florida, LLC
- ☐ **Second:** The address of its registered office in the State of Delaware is 615 South Dupont Highway in the City of Dover, County of Kent, DE 19901. The name of its Registered agent at such address is CAPITOL Services, Inc.

In Witness Whereof, the undersigned have executed this Certificate of Formation this 26th day of December, 2006.

By: _____

Name: Ari Markenson

FILED
07 MAR 13 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA