M07	10003801
(Requestor's Name) (Address) (Address)	700104311317
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	OT JUN 22 PI SECRETARY C TALLAHASSEE
L JK	PH : OF STATE EE.FLORIDA
Office Use Only	OT JUN 22 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CSC.	

CORPORATION SERVICE COMPANY

	FILED 07 JUN 22 PH 1:01 SECRETARY OF STATE FALLAHASSEE. FLORIDA
56	OF SLATE

ACCOUNT NO. : 07210000032

REFERENCE : 962499 5168766

AUTHORIZATION enda COST LIMIT ( \$ 125.00

ORDER DATE : June 21, 2007

ORDER TIME : 8:53 AM

ORDER NO. : 962499-005

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: PALM BEACH NH LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER:

#### 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:

Palm Beach NH L	LC		4.0	2.
	(Name of Foreign Limit	ed Li	ability Company)	1
Delaware	,	3.	26-0391131	12 7
(Jurisdiction under to company is organized	the law of which foreign limited liabili ed)	ity	(FEI number, if applicable)	R P
June 20, 2007		5.	Porpetual	Q. 7
(Date	e of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	FIL- PH 1:01
	(Date first transacted business in (See sections 608.501 & 608.502	i Flori F.S. t	ida, if prior to registration.) o determine penalty liability)	-000
c/o Greystone Hea	lthcare Management Corp.			
3922 Coconut Pal	m Dr., Suite 102, Tampa, FL 33619-13			
	(Street Addr	ess of	Principal Office)	- ,
. If limited liabili	ty company is a manager-manag	ged c	ompany, check here	
The name and u	sual business addresses of the m	anag	ging members or managers are as follows:	
NH Operator Hol	dings LLC, 152 West 57th Street, 60th	n Floo	r, Now York, NY 10019	
<u> </u>				— ·
<u></u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	_
·				<del></del>
e jurisdiction under th anslation of the certific	e law of which it is organized. (A photo ate under oath of the translator must be s	copy i ubmi	ys old, duly authenticated by the official having custody of n s not acceptable. If the certificate is in a foreign language, a tted.) promoted in Florida: <u>Lease and operate a nursing</u>	
home	<b>^</b>			
	By: NH Operator Holdings LLC, and By: DMu	inagin Le	g member	
		), F.S.	orized representative of a member. , the execution of this document constitutes that the facts stated herein are true.)	
	Typed or prin	ted n	ame 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:

Palm Beach NH 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 Moth By: (Signature 5 100.00 **Filing Fee for Application Designation of Registered Agent** 25.00 \$ 30.00 Certified Copy (optional) S Certificate of Status (optional) S 5.00



PAGE 1

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY " PALM BEACH NH 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 JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID " PALM BEACH NH LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Varnet Smith He.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5782736

DATE: 06-22-07

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