

M 10000000411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

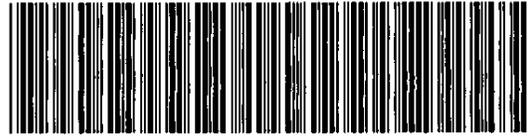
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100170365411

RECEIVED
10 MAR - 2 PM 4: 17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 2 AM 8: 56

B. KOHR
MAR - 3 2010
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 302308 5168766
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 2 AM 8:56

ORDER DATE : March 2, 2010
ORDER TIME : 3:33 PM
ORDER NO. : 302308-005
CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: 1350 S NOVA ROAD LLC

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT#2908

EXAMINER: _____

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -2 AM 8:56

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: 1350 S Nova Road LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

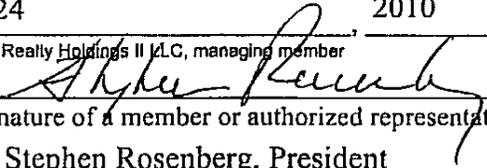
- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
7. address is incorrectly listed as "c/o 4042 Park Oaks Blvd. Suite 300 Tampa, FL 33610-9539"
7. correct address is "c/o Greystone Healthcare Management Corp., 4042 Park Oaks Blvd. Suite 300 Tampa, FL 33610-9539"
9. name of managing member incorrectly listed as "NH Operator Holdings II LLC"
9. correct name of managing member is "NH Realty Holdings II LLC"
11. nature of business incorrectly listed as "Lease and Operate a skilled nursing facility"
11. correct nature of business is "ownership and leasing of a nursing facility"

~~OR~~ **AND**

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
- incorrectly signed "By: NH Operator Holdings II LLC, managing member,
- By: Bonnie Dublin, Secretary"
- Correct signature is "By: NH Realty Holdings II LLC, managing member,
- By: Stephen Rosenberg, President"

Dated: February 24, 2010

By: NH Realty Holdings II LLC, managing member

By: 

Signature of a member or authorized representative of a member

Stephen Rosenberg, President

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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. 1350 S Nova Road LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 1/29/2010
(Date of Organization)

5. perpetual
(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. c/o 4042 Park Oaks Blvd., Suite 300
Tampa, FL 33610-9539
(Street Address of Principal Office)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 29 AM 8:17

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:
NH Operator Holdings II LLC, 152 W 57th St., 60th Fl., New York, NY 10019

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: Lease and Operate
a skilled nursing facility

By: NH Operator Holdings II LLC, managing member
By: Bonnie Dublin
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.)
Bonnie Dublin, Secretary

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:

1350 S Nova Road LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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 **Heather Chapman**
as its agent

BY: Heather Chapman
(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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1350 S NOVA ROAD 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-NINTH DAY OF JANUARY, A.D. 2010.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1350 S NOVA ROAD LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2010.



4783010 8300

100088105

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7787879

DATE: 01-29-10