Florida Department of State

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FLORIDA/FOREIGN LIMITED LIABILITY CO. MJHS LTAC, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE, WHILE SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMITARY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	M.HIS LTAC, I.LC
	(Name of Foreign Limited Liability Company)
2.	DELAWARE 3, APPLIED FOR
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	FEBRUARY 12, 2010 5, PERPETUAL
•	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	UPON QUALIFICATION
	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty linbility)
7.	6200 NE 2ND AVENUE
	MIAMI, FLORIDA 33137
	(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:
	MIAMI JEWISH HOME AND HOSPITAL FOR THE AGED, INC.
	5200 NE 2NO AVENUE
	MIAMI, FLORIDA 33137
űs.	I. Attached is an original centificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jordeficial was a foreign language, a astation of the certificate is in a foreign language, a astation of the certificate are the of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: LONG TERM CARE
71	Signature of a member of an authorized representative of a member. (In accordance with section 698.408(3), F.S., the execution of this document constitutes an affirmation under the perulties of perjury that the facts stated herein are true.) David J. Pawar, Prayilant of David J. Powar, I.A. Typed or printed name of signes Atherized Representative

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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.

	HLM	IS LTAC, LLC		
lf name eravailable,	the alternate name to be	used in the state	of Florida is:	
2. The name and the	: Flurida street address o	f the registered a	gent and office are:	· · · · · · · · · · · · · · · · · · ·
	Capitol C	orporete Services (Name)	, Inc.	OFEB 1
	155 Offic Florida Sucet Addre	ce Plaza Dr., Suit ces (P.O. Box NOT		NESSEE, FLO
	Tellahassee	FL City/State/Zip	32301	TATE LORIDA
lability compan <mark>y at t</mark> i igent and agree to ac	is registered agent and to be place designated in thi t in this capacity. I furthe and complete performand tion as registered agent a	s certificate, I her er agree to compl ce of my duies, a	eby accept the appo y with the provisions nd I am familiar with	intment as registered of all statutes h and accept the

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) 11100000035864 3

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MUSS LTAC, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MJHS LTAC, LLC" WAS FORMED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2010.

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

4787547 8300

100134728

You may verify this contificate onlat corp. delaware, gov/mathver. whimi

TION:

DATE: 02-16-10