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FILING COVER ACCT. #FCA-14	SHEET				OCT TO STATE OF STATE
CONTACT:	KATIE WO	NSCH			2.5 Aller
DATE:	<u>10/11/2011</u>				
REF. #: ,	002083.1554	<u>31</u>			
CORP. NAME:	NHC-FL137	<u>, LLC</u>			
() ARTICLES OF INC	ORPORATION	(XX)AR	GUESOT!	ENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		1	Warkasej	.CE MARK	() FICTITIOUS NAME
() FOREIGN QUALIF	ICATION	() LIMI	EDEXITORI	SHIP	() LIMITED LIABILITY
() REINSTATEMENT		() MERS	PR PR		() WITHDRAWAL
() CERTIFICATE OF					
STATE FEES P	REPAID WI	TH CE	CKI &	11756	_ FOR \$ <u>60.00</u>
AUTHORIZAT	ION FOR A	ccou ii	· Mai		D: MT: \$
PLEASE RETU	RN:				
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() CERTIFICATE O	F STATUS				
Examiner's Initial	e				

AFFIDAVIT BY IN REIGN L TO CHANGE MA VAGER(S

TTED LIABILITY COMPANY R MANAGING MEMBER(S)

The name of the limited lia li Department of State is:	ity compan	is it appears on the records of the Florida NHC-FL137, LLC
2. This entity was formed under	ioewal oili	Delaware
3. This entity was authorized to and its Florida document/regists	innenet bur ion numbe	ss in Florida on <u>September 24, 2010</u> ; <u>M10000004212</u> .
4. The name and address of ead	mmgero	ianaging member is as follows:
<u>'Fitle:</u> "MGR" = Manager "MGRM" = Managing Member		me and Address:
MGRM	(A)	91 E. Camelback Rd. Sulte B-310
MGRM		VC-GE Holding Co., LLC 11 E. Camelback Rd. Sulte B-310 uttsdale, Arizona 85251
	B	
ilina maninga financia		
) H	
Required Signature:		
Signature of	Mariagor, M	

Control of Stations