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| (R | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nar | me) |
| (D | ocument Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only

B. KOHR JAN 2 5 2011

EXAMINER



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EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS



| ON SERVICE COMPANY. | 1 |
|--|---------|
| ACCOUNT NO. : I2000000195 | |
| REFERENCE : 652849 5022647 | ' ' |
| AUTHORIZATION : | び |
| ACCOUNT NO. : I20000000195 REFERENCE : 652849 5022647 AUTHORIZATION : COST LIMIT : \$125.00 | |
| ORDER DATE : January 24, 2011 | |
| ORDER TIME : 8:58 AM | |
| ORDER NO. : 652849-005 | |
| CUSTOMER NO: 5022647 | |
| | |
| FOREIGN FILINGS | |
| | |
| NAME: EMERICARE PALMER RANCH LLC | |
| | |
| XXXX QUALIFICATION (TYPE: LL) | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Jeanine Reynolds EXT# 2933 | |

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:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE | STATE OF FLORIDA: |
|--|--|
| 1. EmeriCare Palmer Ranch LLC | |
| (Name of Foreign Limited Liability Company; must include | de "Limited Liability Company," "L.L.C.," or "LLC.") |
| | |
| (If name unavailable, enter alternate name adopted for the purpos | se of transacting business in Florida and attach a copy of the written |
| consent of the managers or managing members adopting the alter | nate name. The alternate name must include "Limited Liability |
| Company," "L.L.C," "LLC.") | |
| 2. Delaware 3 | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| , | |
| | Perpetual " SG |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "pernetual") |
| Y | 2 |
| 6. Upon filing | J ? |
| (Date first transacted business in Flo (See sections 608.501 & 608.502 F.S. | to determine penalty liability) |
| 7 3131 Elliott Ave, Ste 500, Seattle, WA 98121 | rida, if prior to registration.) to determine penalty liability) |
| · · · · · · · · · · · · · · · · · · · | |
| (64.4.14 | of Principal Office) |
| (Street Address of | or Principal Office) |
| 8. If limited liability company is a manager-managed | company, check here |
| | · · · · |
| 9. The name and usual business addresses of the mana | aging members or managers are as follows: |
| EmeriCal Inc, 3131 Elliott Ave, Ste 500, Seattle, V | VA 98121 |
| | |
| | |
| | |
| | |
| 10. Attached is an original certificate of existence, no more than 90 d | ays old, duly authenticated by the official having custody of records in |
| he jurisdiction under the law of which it is organized. (A photocopy | |
| ranslation of the certificate under oath of the translator must be subm | |
| 11. Nature of business or purposes to be conducted or | proposed in Florida, Operation/Management of |
| | provioted in Florida. |
| a skilled nursing facility | |
| 7'UNEWALA | \mathcal{N}_{λ} |
| | harinad annuacentative of a mambar |
| | horized representative of a member. |
| | tion of this document constitutes an affirmation under the a. I am aware that any false information submitted in a |
| | a third degree felony as provided for in s.817.155, F.S.) |
| Eric Mendelsohn, Senior VD Corneret | Development of Sole Member |

Typed or printed name of signee

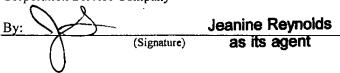
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

| EmeriCare Palmer Ranch LLC | | |
|------------------------------------|--|--|
| If unavailable, the alternate to b | be used in the state of Florida is: | |
| 2. The name and the Florida str | reet address of the registered agent and office are: | |
| Corporation Ser | rvice Company (Name) | |
| 1201 Hays Stre | et rida Street Address (P.O. Box NOT ACCEPTABLE) | |
| 1.10 | | |

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



\$ 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 "EMERICARE PALMER RANCH 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-FOURTH DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMERICARE PALMER RANCH LLC" WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2011.

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

4929987 8300

110074543

AUTHENTICATION: 8515288

DATE: 01-24-11

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