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NAME: SF PALM BEACH, LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

abbiefface

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SF Palm Beach, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	
Please return all correspondence concerning this matter to the following:	
Capitol Services Corporate Filings Team	
Name of Person	
Capitol Services, Inc.	_
Firm/Company	
800 Brazos, Suite 400	
Address	
Austin, TX 78701	
City/State and Zip Code	Accordance in commence of income
kruggiero@hcnavigator.net	IMPORTANT: The email address
E-mail address: (to be used for future annual report natification)	entered here will be utilized for future ANNUAL REPORT
For further information concerning this matter, please call:	NOTIFICATIONS
at (800) 345-4647	
Name of Person Area Code & Daytime Telephone Number	_
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, PL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\int_{\text{S125.00 Filing Fee}}^{\text{\$130.00 Filing Fee}} = \int_{\text{Certificate of Status}}^{\text{\$130.00 Filing Fee}} \text{\$\text{\$255.00 Filing Fee}} \text{\$\text{\$\text{\$\text{Certified Copy}}}} \text{\$\text{\$\text{\$\text{of Status & Certified Copy}}}}	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF ELORIDA:

DMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. SF Palm Beach, 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 wasconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilit Company," "L.L.C." "LLC.")	ntten y	
2. Delaware 3.		
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)		
4. October 5, 2012 5. Perpetual		
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6. N/A		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. 2 North Palafox Street		
Pensacola, Florida 32502	ر <u>ب</u>	
(Street Address of Principal Office)	20 20 20	
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:	ခြောက ငြ	į
Florida Facilities, LLC	독 로	į
2 North Palafox Street	4: 02	;
Pensacola, Florida 32502	``;	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording instruction 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 eath of the translator must be submitted.)	lsin	
11. Nature of business or purposes to be conducted or promoted in Florida: Operation of Skilled		
Nursing Facility		
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)		
Kimberly Ruggiero, Authorized Representative		

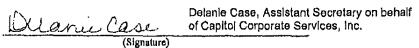
Typed or printed name of signee

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 Corr	ipany ls:
SF Palm Beach, LLC	
If unavailable, the alternate to be used in the	he state of Florida is:
2. The name and the Florida street address	s of the registered agent and office are;
Capitol Corporate Ser	vices, Inc.
	(Name)
155 Office Plaza Dr S	
Florida Street Ad	dress (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.



\$ 100.00 Filling 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 "SF PALM BEACH, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SF PALM BEACH, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2012.

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

5223795 8300

121129229

AUTHENT CATION: 9916026

DATE: 10-15-12

at corp.delaware.gov/authver.shtml