

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000224223 3)))

50	hit the REFRESH/RELOAD button on your browser Doing so will generate another cover sheet.	r from this page.	Į.
			COLD FIRST
To:		mari Prati	
	Division of Corporations Fax Number : (850)617-6383	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	۵
	100 Manuel : (000) 017-0303	e in a	
From:			7
	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023	\$	7:5
		Arter Co.	
	Phone : (850)222-1092 Fax Number : (850)878-5368 il address for this business entity to be a		
	Fax Number : (850)878-5368 il address for this business entity to be cort mailings. Enter only one email address		
nual rep	Fax Number : (850)878-5368 il address for this business entity to be cort mailings. Enter only one email address ess: Foreign Limited Liability Company		
nual rep	Fax Number : (850)878-5368 il address for this business entity to be cort mailings. Enter only one email address ess:		
nual rep	Fax Number : (850)878-5368 il address for this business entity to be cort mailings. Enter only one email address ess: Foreign Limited Liability Company OHI ASSET (FL) LAKE PLACID, LLC Certificate of Status		
nual rep	Fax Number : (850)878-5368 il address for this business entity to be cort mailings. Enter only one email address ess: Foreign Limited Liability Company OHI ASSET (FL) LAKE PLACID, LLC Certificate of Status 0		_

Electronic Filing Menu Corporate

Corporate Filing Menu

Help

D. BRUCE

CR2E027 (9/10) **COVER LETTER** TO: Registration Section **Division of Corporations** OHI Asset (FL) Lake Placid, LLC SUBJECT: Name of Limited Liability Company The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Piorida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Plorida. Please return all correspondence concerning this matter to the following: Laverne K. Calvert, Paralegal Name of Person **Bryan Cave LLP** Firm/Company 1201 W. Peachtree St., NW, 14th Floor Address Allanta, GA 30309-3488 City/State and Zip Code CLewis@OmegaHealthCare.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laverne K. Calvert, Parlegal 572-4533 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations **Division of Corporations** Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Taliahassee, FL 32301

□ \$155,00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

□ \$130.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

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

IN COMPLIANCE WITH SECTION 608 SOL FLORIDA STATLITES THE BOLLOWING IS SURMITTED TO REGISTER A FOREIGN

1.	OHI Asset (FL) Lake Placki, LLC (Name of Foreign Limited Liability Company; must inc	lude	"Limited Liability Company," "L.L.C.," or "LLC.")	-
cor	name unavailable, enter alternate name adopted for the pursent of the managers or managing members adopting the alpany," "L.L.C." "LLC.")	poso Iterni	of transacting business in Florids and attach a copy of the name. The alternate name must include "Limited Liab	e written
2.	Delaware	3.	Applied For	
- (Jurisdiction under the law of which foreign limited liability ompany is organized)	,	(FEI number, if applicable)	
4.	September 23, 2013	5.	Perpetual	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	5
6.	Upon Filing			
	(Date first transacted business in (See sections 608.501 & 608.502 F	Flori	da, if prior to registration.) o determine penalty liability)	
7.	200 International Circle, Sulte 3500			
	Hunt Valley, Maryland 21030		2.70 #250 -	. 2
	(Street Addre	35 O	Principal Office)	
8.	If limited liability company is a manager-manage	ed c	ompany, check here	- 13C
9,	The name and usual business addresses of the m	anaj	ging members or managers are as follows:	ထ် နှ
	Omega Healthcare Investors, Inc., Sole Member			R I
	200 International Circle, Suite 3500		RID;	:2
	Hunt Veiley, Maryland 21030			
tra tra	Attached is an original certificate of existence, no more than jurisdiction under the law of which it is organized. (A photo islation of the certificate under oath of the translator must be: Nature of business or purposes to be conducted.	subn	is not acceptable. If the certificate is in a foreign language nitted.)	
	Real Estate Investment			<u>_</u> .
	Kin	_		
	Signature of a member or an	eutl	norized representative of a member.	
	(In accordance with section 608,408(3), F.S., the a penalties of perjury that the facts stated herein are	xecu true	tion of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)	
	Robert Stephenson, CFO of Sc		_ , ,	

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.

If unavailab	le, the alternate to be used	in the state of Florida is:	
2. The nam	e and the Florida street ad	dress of the registered agent and office are:	
	,	C T Corporation System .	710 F
	~	(Name)	
		•	多
		1200 South Pine Island Road	ZNI OCT -
	Plorida Str	• •	- \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Plorida Str Plantation	1200 South Pine Island Road	<u> </u>

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.

By: CT Comporation System

Ternell Kearney Asst. Secretary

(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

DA/32 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OHI ASSET (FL) LAKE PLACID, 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 EIGHTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE .

NOT BEEN ASSESSED TO DATE.

5403431 8300

131174470

You may varify this cortificate onling

Jaffrey W. Bullock, Secretary of State

DATE: 10-08-13