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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Nassau LTC Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "...L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. New York (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4

(Date first transacted business in Florids, if prior to regionation.) (Sac sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5, 548 Cedarwood Drive

Cedarhurst, NY 11516

6. 548 Cedarwood Drive

Cedarhurst, NY 11516

(Mailing Address)

(Street Address of Principal Office)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Chaim Leibowitz, Managing Member

548 Cedarwood Drive

Cedarhurst, NY 11516

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustody of records in the jurisdiction 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 oath of the translator must be submitted)

( )

Chalm Leibowitz, Managing Member Typed or printed name of signee

Signature of an authorized person

(In accordance with section 595,920), F.S., the ensution of this document constitutes an affirmation under the penalities 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 falony as provided for in 4,817,155, F.S.)

## **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Company is:

## Nassau LTC Management, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

•		776 cn 1853
and the Florida street	address of the registered agent and office are:	FEB 18
Vcorp Serv	vices, LLC	
	(Name)	
	State Road 7, Suite 106	0700 26
Davie	FL 33314	<b>_</b>
	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 605, Florida Statutes,

(Signature)

- \$ 100.00 **Filing Fee for Application**
- \$ 25.00 **Designation of Registered Agent**
- \$ 30.00 Certified Copy (optional)
- **Certificate of Status (optional)** S 5.00

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## State of New York Department of State } ss:

I hereby certify, that NASSAU LTC MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/28/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



\*\*\*

Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of February two thousand and fifteen.

Automy Sicilia

Anthony Giardina Executive Deputy Secretary of State

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