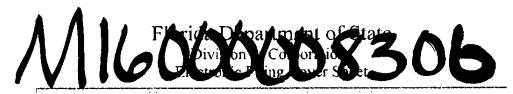
Page 3 of 6 To: **Division of Corporations**



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for futible annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company
OHI Asset S-W, LLC

Certificate of Status

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Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

COVER LETTER

DIV	vision of Corporation	111.5			÷		
UBJECT:	OHI Asset S-W,	LLC					
	Name of Limited Liability Company						
The enclosed Existence, a	d "Application by Fond check are submit	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tra	ansact Business in Florida," Certific y company to transact business in F		
lease retur	n all correspondence	concerning this matter to the	following:				
	Laveme K, Ca	dvert, Paralegal					
	·	N	arne of Person				
	Bryan Cave L	LP					
		Fi	rm/Company		AND THE REAL PROPERTY OF THE PARTY OF THE PA		
	1201 W. Peac	htree Street, NW, 14th Floor					
	<u>. </u>		Address				
	Atlanta, GA	0309-3488					
		City/S	tate and Zip Code				
	laverne, calvert@	Bbryancave.com					
		E-mail address: (to be use	for future annual	report not	ification)		
For further i	nformation concerni-	ng this matter, please call:					
La	verne K. Calvert		404 at (472-45	33		
	Name	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Huilding 2661 Executive Center Circle					
				Tallahass	see, FL 32301		
	a about for the faller	ving amount:		ng Fee &	□ \$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIUM STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMBILITY

COMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA:		
OHI Asset S-W, LLC			
(Name of Fore	ign Limited Liability Company; must include	de "United Liability Company," "L.L.C.," or "LUC.")	
(If name unavnilable, enter al Liability Company," "L.L.C."		nsacting business in Florida. The alternate name must in-	clude "Limited
2. Delaware	·		
// (Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	
company is organized)			
4	(Date first transacted by singer in E)	tarite if prior to registration	
•	(Date first transacted business in Fi - (See sections 605.0904 & 605.0905, 1	F.S. to determine penalty liability)	트 5
5. 200 International Circl	e, Ste. 3500		-isi
Hunt Valley, MD 210	30		16 OCT 18 AH 8: 41
rum vancy, NED 210	(Street Address of Principal	al Office)	약 = [
6. 200 International Circle	e, Ste. 3500	-	<u> </u>
Hunt Valley, MD 210	30 (Mailing Address	<u> </u>	
	, ,		8: L
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	C T Corporation System		• •
Office Address:	1200 South Pine Island Road	<u> </u>	
	Plantation	, Florida 33324 (Zip code)	
	(City)	(Zip code)	
designated in this applicate to complywith the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope my position as registered agent. CT Corocation System	process for the above stated limited liability compass registered agent and agree to act in this capacity and complete performance of my duties, and I at Nathan Giffin, Assistant Secretary pent's signature)	ty. I further agree
8. The name, title or cap	acity and address of the person(s) who i	nas/have authority to manage is/are:	
OHI Healthcare Propertie	es Limited Partnership, Sole Member		
200 International Cir, Ste	. 3500		_
Hunt Valley, MD 21030			-
9. Attached is a certificant jurisdiction under the law of the translator must be a	of which it is organized. (If the certification	l, duly authenticated by the official having custody ate is in a foreign language, a translation of the cert	– of records in the ificate under oath
	Ku		
	Signature of an o	authorized person	
This document is execute submitted in a document t	d in accordance with section 605.0203 (to the Department of State constitutes a t	1) (b), Florida Statutes. I am aware that any false in third degree felony as provided for in s.817.155, F.S.	formation 3.
	Dahart O. Stanhangan		

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OHI ASSET S-W, 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6102221 8300

SR# 20166247560

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

Jeffrey M. Hufface, Speciatory of State

Authentication: 203177613

Date: 10-18-16