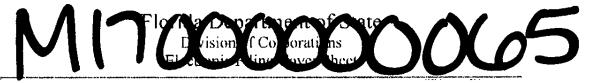
1/3/2017

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

: (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:	 	

Foreign Limited Liability Company OHI Asset (FL) Pensacola-Nine Mile, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

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COVER LETTER

TO:	Registration Division of C		•				
SUBJI	OHI Ass	et (FL) Pens	acola-Nine Mile, LLC				
30001	sci;		Name of	Limited Liability (Company		
						nsact Business in Florida," C company to transact busines	
Picaso	return all corres	pondence co	oncerning this matter to the	following:			
	Leve	rne K. Cal	vert, Paralogal				
			N	iame of Person			
	Brya	n Cave LL	P				
	Firm/Company					***	
	1201 W. Peachtree Street, NW, 14th Floor						
	<u></u>	Address					
	Atla	nta, GA 303	309-3488				
		· · · · · · · · · · · · · · · · · · ·	City/S	itate and Zip Code			
	laverr	e.calvert@l	oryancave.com				
			E-mail address: (to be use	d for future annual	report not	ification)	
For fu	rther information	concerning	this matter, please call:				
	Laverne K. C	alvert		404 at (472-45	33	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
	MAILING A Division of C Registration S P.O. Box 632 Tallahassee, I	orporations lection 7			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section wilding cutive Center Circle ee, FL 32301	
Enclos	ied is a check for \$125.00 Fi		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

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

IN COMPLIANCE WITH SEC. COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE ISINESS IN THE STATE OF FLORIDA:	E FOLLOWING IS SU	BIMITTED TO REGISTER A FORL	eign limined i	LIABILITY
OHI Asset (FL) Pensac					
(Name of Fore	ign Limited Liability Company; must inc	rlude "Limited Liabil	ity Company," "L.L.C.," or "LLC	2.")	
(If name unavailable, enter al Liability Company," "L.L.C.,"	ternate name adopted for the purpose of t	transacting business	in Florida. The alternate name mu	ist include "Lim	ited
2. Delaware	,	2	•		
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicable)		
4	(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to n	egistration.)		
200 International Circl	e, Suite 3500, Hunt Valley, Maryland		viante indontry	17	
5. <u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			JAN	
	(Street Address of Prince	inal Office)	<u> </u>	-1:- 	T. T
200 International Circle	e, Suite 3500, Hunt Valley, Maryland	•		ú	:::::::::::::::::::::::::::::::::::::
O	,			弄	nač
	(Mailing Addr			æ	
				ភ្	
7. Name and street addres	s of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptat	ole)	-4	
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation		Florida 33324		
	(City)	·	Florida 33324 (Zip code)		
designated in this applica to complywith the provision accent the obligations of	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent. EXT Corporation System By: Nathan fuxing the property of the property	nt as registered ago oer and complete p	ent and agree to act in this cap	pacity. I furth	ier agree
	Registered	agent's signature)			
8. The name, title or capa	acity and address of the person(s) who		y to manage is/are:		
OHI Healthcare Propertie	s Limited Partnership, Sole Member				
200 International Circle,	Suite 3500, Hunt Valley, Maryland 2	21030			
9. Attached is a certificate jurisdiction under the law of the translator must be s		icate is in a foreign	language, a translation of the	ody of records certificate und	in the ler oath
	Signature of a	n authorized person			
This document is executed submitted in a document to	in accordance with section 605,0203 o the Department of State constitutes a	3 (1) (b), Florida St a third degree felor	atutes. I am aware that any fals	se information i, F.S.	
	Robert O. Stephenson, Authorized F	Person			
	Typed or printe	ed name of signee			

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "OHI ASSET (FL) PENSACOLA-NINE MILE,

LIC" 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-SECOND DAY OF NOVEMBER, A.D.

2016.

6206336 8300

SR# 20166755814

You may verify this certificate online at corp delaware gov/authyer shifm

APTION W. DOMEST, Secretary of Saint

Authentication: 203387466

Date: 11-22-16