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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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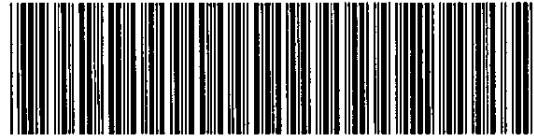
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 MAR 15 P 1:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

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MAR 16 2017

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GALBUT WALTERS & ASSOCIATES

March 14, 2017

Division of Corporations
Registration Section
P.O. Box 6327, Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Registration of Delaware LLC to Transact Business
Regal Healthcare Acquisitions, LLC

Dear Sir or Madam:

Enclosed please find a completed Application by Foreign Limited Liability Company For Authorization To Transact Business in Florida, on behalf of Regal Healthcare Acquisitions, LLC, a Delaware limited liability company. I have also enclosed certified copies of the Delaware Certificate of Formation, and Delaware Letter of Good Standing, and our check for your fee in the amount of \$155.00.

Your assistance in completing this registration is greatly appreciated, including the return of our certified documents in the enclosed Federal Express envelope.

Please contact me should there be anything further that you require.

Sincerely yours,
GALBUT, WALTERS & ASSOCIATES, LLP


ALAN S. WALTERS, ESQ.

ASW:aw

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REGAL HEALTHCARE ACQUISITIONS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Alan S. Walters, Esq.

Name of Person

Galbut, Walters & Associates, LLP

Firm/Company

4770 Biscayne Blvd., Ste 1400

Address

Miami, Florida 33137

City/State and Zip Code

awalters@galbutwalters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan S. Walters

at (786)

245 - 2317

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. Regal Healthcare Acquisitions, LLC, a Delaware limited liability company
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign
limited liability company is organized)

3. Applied For
(FEI number, if applicable)

4. At time of registration.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 22 Regal Drive, New Rochelle, New York, 10804
(Street Address of Principal Office)

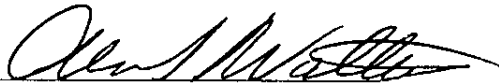
6. 22 Regal Drive, New Rochelle, New York, 10804
(Mailing Address)

7. Name and street address of Florida registered agent:
Name: Alan S. Walters, Esq.
Office Address: Galbut, Walters & Associates, LLP
4770 Biscayne Blvd., Ste 1400
Miami, Florida 33137

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TALLAHASSEE, FLORIDA


Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage are:
Steven Bicky, Manager, 22 Regal Drive, New Rochelle, New York, 10804

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized.


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Alan S. Walters
Typed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "REGAL HEALTHCARE ACQUISITIONS, 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 THIRTEENTH DAY OF MARCH, A.D. 2017.



6342757 8300

SR# 20171681383

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202186186

Date: 03-13-17