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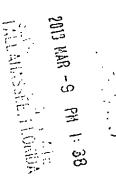
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 100279 5168766

AUTHORIZATION

COST LIMIT ://\$ 125.00

ORDER DATE: March 7, 2018

ORDER TIME : 1:14 PM

ORDER NO. : 100279-005

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: GREYSTONE CNA ACADEMY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

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

IN COMPILANCE WITH SECTION 665.002. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACTER SINESS. IN THE STATE OF FLORIDA:

1. GREYSTONE CNA A	eign Limited Liability Company: must	t include "Limited Liah	ility Company," "L.L.C	" or "LLC.")
[If name unavailable, enter a Liability Company," "L.L.C.	Itemate name adopted for the purpose	of transacting business	in Florida. The alternal	te name must include "Limited
Delaware		3 82-4665586		
	of which foreign limited liability	J	(FEI number, it applie	cable)
ł	(Date first transacted busines (See sections 605,0904 & 605,0	ss in Florida, if prior to 0905, F.S. to determine	registration.) penalty liability)	
4042 Park Oaks Blvd	, Suite 300			
Tampa, FL 33610				
10.12 Dest. Cod 1011	(Street Address of Pi	rincipal Office)		
6. 4042 Park Oaks Blvd	Suite 500			
Tampa, FL 33610				元公 18
	(Mailing A	(ddress)		
7. Name and street address	ss of Florida registered agent: (P.C	O. Box <u>NOT</u> accepta	ible)	る。
Name:	Corporation Service Company			M-9
Office Address:	1201 Hays Street			FOUR E
	Tallahassee (City)	· · · · · · · · · · · · · · · · · · ·	, Florida 32301 (Zip cod	8: 28
lesignated in this applica o complywith the provision	egistered agent and to accept servi- tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. Corporation Service Company By:	ment as registered ag proper and complete	ent and agree to act	in this capacity. I further agree
•	acity and address of the person(s) v sident 152 W 57th St., 60th		-	
Ronald Swartz, Vice Pres	ident & CFO 4042 Park Oa	iks Blvd, Suite 30	0, Tampa, FL 336	510
Lisa Schwartz, Secretary	152 W 57th St., 60th Fl., N	lew York, NY 10	019	
	of existence, no more than 90 day of which it is organized. (If the ceubmitted)			
1	Sion Handa Signature	of an authorized person		
	f in accordance with section 605.02 the Department of State constitut			

Lisa Schwartz, Secretary Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "GREYSTONE CNA ACADEMY 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 SEVENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREYSTONE CNA ACADEMY LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2018.

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

Authentication: 202272760

Date: 03-07-18