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# **CORPORATE** ACCESS,

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## TALAT IZ TAL

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1.	RE BAYONET POINT, LI (CORPORATE NAME AND DOCUME			
2.	(CORPORATE NAME AND DOCUME	NT #)		
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6.	(CORPORATE NAME AND DOCUME	NT #)		
SPECIA	AL INSTRUCTIONS:			

### COVER LETTER

TO:

Registration Section

	Name of Limited Liability Company						
osed "Applications, and check are	n by Foreign Limited Liability Co submitted to register the above re	mpany for Authorization to Tiferenced foreign limited liabili	ransact Business in Florida," Certific ty company to transact business in F				
	ndence concerning this matter to t						
Jonath	an Stern						
		Name of Person					
c/o Fu	ndamental Partners III LP						
<del></del>		Firm/Company					
745 51							
	Address						
New 1	ork, NY 10151						
	Cit	y/State and Zip Code					
jstern@	fundamental.com						
	E-mail address: (to be u	ised for future annual report no	otification)				
er information of	oncerning this matter, please call:	,					
Jonathan Stern		212 205-5 at ()	006				
	Name of Contact Person		sytime Telephone Number				
MAILING AD Division of Cor Registration Se P.O. Box 6327 Tallahassee, FL	porations tion	Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301				
d is a check for t	ne following amount:  In the second s	c □ \$155.00 Filing Fee & Certified Copy	■ \$160.00 Filing Fee, Certificat of Status & Certified Copy				

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANNACT BUSINESS IN THE STATE OF FLORIDA:

RE BAYONET POIN	T, LLC					
(Name of Foreign	Limited Liability Company; must include	"Limited Liabi	lity Company," "L.L.C.," or "LLC."	)		
	ame adopted for the purpose of transacting busine	ss in Florida. The	e alternate name must include "Limited Lis	ability Company," "L. L.C," or "LLC.")		
2. DELAWARE			3. (FEI member, if applicable)			
(Jurisdiction under the law of which foreign lented hability company is organized)			(FEI number, if applicable)			
4. N/A						
	(Date first transacted business in Florids, if (See sections 605,0904 & 605,0905, F.S. to	pnor to registrate determine penel	on.) ty liability)			
5 c/o Fundamental Partn	ers III LP	4	c/o Fundamental Partners	mle 🛱 😅 👼		
(Street Address of )	Principal Office)	,	c/o Fundamental Partners (Mailing Add			
745 5th Avenue, 25th 1	Floor		745 5th Avenue, 25th Floo	T Pri		
New York, NY 10151			New York, NY 10151	<u> </u>		
				SEZ Z		
7. Name and street address	ss of Florida registered agent: (P.O	. Box NOT	acceptable)	25年 1		
<u> </u>	Telos Legal Corp.					
Name;	Telos Legal Corp.		<u></u>	PACE OF		
Office Address:	155 Office Plaza Drive			P "		
	Tallahassce		, Florida 32301 (Zip coc			
	(City)		, Florida(Zip cod	Se)		
and accept the obligation	ons of all statutes relative to the possition as registered agen	20	way	 		
	(Registered	ekcut, a sikurura	)			
8. The name, title or capa Title or Capacity:	acity and address of the person(s) w Name and Address:	/ho has/hav	e authority to manage is/are: Fitle or Capacity:	Name and Address:		
Sole Member	Tandem Health Care, LL	.C				
3016 Method	745 5th Avenue, 25th Fl					
	New York, NY 10151					
(Lieu attachments if necess						
(Use attachments if necess						
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be st</li> </ol>	of existence, no more than 90 days of which it is organized. (If the cert ibmitted)	old, duly a ificate is in	uthenticated by the official has a foreign language, a translat	iving custody of records in the tion of the certificate under oath		
<ol> <li>This document is exect submitted in a document to</li> </ol>	uted in accordance with section 605 the Department of State constitute	5.0203 (1) (1) s x third dep	b), Florida Statutes. I am awa gree felony as provided for in	e that any false information s.817.155, F.S.		
		gnature of an au	honzed person	<del></del>		
	Brian Flavell					
	7	yped or printed	name of signer			



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

DELAWARE, DO HEREBY CERTIFY "RE BAYONET POINT, 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RE BAYONET POINT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2018.

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

18 JUL 27 AH 9: 20
SECRETARY OF STATE
TALL AHASSEE EN COME



Authentication: 203142747

Date: 07-27-18

6992290 8300 SR# 20185880274