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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 Date: November 30, 2018 **KEN HOWELL** Name:__ 1019665 Reference #:____ FAIR HAVENS PROPCO, LLC Entity Name: Articles of Incorporation/Authorization to Transact Business Amendment ☐ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion Merger Dissolution/Withdrawal Fictitious Name Other _____ \$125.00 Authorized Amount: Signature

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:

	name adopted for the purpose of transacting business in Flo	rida. The alternate resme	must include "Limited Liability Co	mpany," "L.L.C," or "LLC.	
claware		3.			
(Junsdiction under the law of which foreign limited liability company is organize		(FEI ræmber, if applicable)		plicable)	
	(Date first transacted business in Florida, if prior to (See sections 603,0904 & 605 0905, F.S. to determ	registration.) ine penalty hability)		•	
Attn: SeniosaCare, LLC		Attn: SentosaCare, LLC			
(Street Address of Principal Office)		0	6(Mailing Address)		
945 Broadway		945 Broadway			
Woodmere, NY 11598		Woodmere, NY 11598			
lame and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Cogency Global Inc.	NOT acceptable	c)	を記る。	
Office Address:	115 N. Calhoun St., Ste 4			12.00 m	
	Taliahassee	,	32301 Florida		
	(City)		(Zip cude)		

Sheila Carroll, Assistant Secretary

Manager	Bent Philipson	
	945 Broadway	
	Woodmere, NY 11598	18 80 30 A
		100
Manager	Benjamin Landa	1
	945 Broadway	
	Woodmere, NY 11598	E.
		
attachments if necessary)		
	ce, no more than 90 days old, duly authenticated by the official hav is organized. (If the certificate is in a foreign language, a translatio	
this document is executed in accurrent in a document to the Department to the Depart	ordance with section 605.0203 (1) (b), Florida Statutes. I am aware tment of State constitutes a third degree felony as provided for in s.	that any false information 817.155, F.S.
	Tul	
	Signature of an authorized person	

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FAIR HAVENS PROPCO, LLC" IS DULY

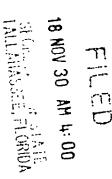
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAIR HAVENS PROPCO, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

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





Authentication: 203997198

Date: 11-30-18

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