

1190000000180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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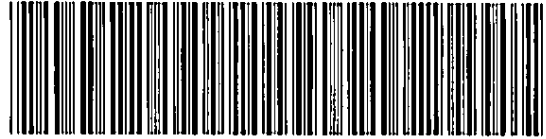
(Business Entity Name)

(Document Number)

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D. SCOTT
JAN 8 2019



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/07/2019

Name: Chris Vick

Reference #: 1030824

Entity Name: GOLDEN GLADES OPCO, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

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TALLAHASSEE, FL

Authorized Amount: \$125

Signature: [Signature]



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P: 866.625.0838
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TALLAHASSEE, FL 32301
P: 866.625.0838
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INFO@COGENCYGLOBAL.COM
COGENCYGLOBAL.COM

Good afternoon.

The Application for Authorization to Transact Business for GOLDEN GLADES OPCO, LLC was originally submitted on 12/28/18 along with Applications for Authorization to Transact Business for SOUTH DADE OPCO, LLC and SOUTH DADE PROPCO, LLC. but is missing from the Department of State's records. Please retain the original file date of 12/28/18.

For questions, please contact me at 866-625-0838.

Chris Vick
Client Service Specialist
COGENCY GLOBAL INC.

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2018 DEC 28 PM 10:34
TALLAHASSEE, FL

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

IN COMPLIANCE WITH SECTION 605.0012, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Golden Glades Opco, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. _____
(FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration;
see sections 605.0004 & 605.0005, F.S. to determine penalty liability)

5. Attn: SentosaCare, LLC
(Street Address of Principal Office)

6. Attn: SentosaCare, LLC
(Mailing Address)

945 Broadway

945 Broadway

Woodmere, NY 11598

Woodmere, NY 11598

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.

Office Address: 115 N. Calhoun St., Ste 4

Tallahassee

Florida

32301

(City)

(Zip code)

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.

Sheila Carroll

(Registered agent's signature)

Sheila Carroll, Assistant Secretary

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-14-2011 BY 60322

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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Manager

Bent Philipson

945 Broadway

Woodmere, NY 11598

Manager

Benjamin Landa

945 Broadway

Woodmere, NY 11598

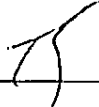
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(Use attachments if necessary)

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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Thalia Stanberry

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOLDEN GLADES OPCO, 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-EIGHTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLDEN GLADES OPCO, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2018.

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

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2011 DEC 28 PM 10:37
DELAWARE SECRETARY OF STATE



7212510 8300

SR# 20188411040

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204194425

Date: 12-28-18