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Date: 2/18/2020

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Name:	BROOK	SVILLE SNF OPERAT	TONS LLC
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COVER LETTER

	gistration Section vision of Corporations						
JECT:	Brooksville SNF Operations LLC						
Name of Limited Liability Company							
enclosed tence, a	d "Application by Foreign Limited Liability (nd check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifical referenced foreign limited liability company to transact business in Flo					
se returr	n all correspondence concerning this matter to	o the following:					
	Christine Dziak						
		Name of Person					
	Ulmer & Berne LLP						
		Firm/Company					
	1660 West 2nd Street, Suite 1100						
		Address					
	Cleveland, Ohio 44113						
	Ci	ity/State and Zip Code					
	chunyherzka@yahoo.com						
	E-mail address: (to be	used for future annual report notification)					
urther ir	nformation concerning this matter, please call	l:					
Yis	roel Herzka	848 480-3857 at ()					
<u>-</u>	Name of Contact Person	at () 480-3857 Area Code Daytime Telephone Number					
Reg	iling Address: gistration Section vision of Corporations	Street Address: Registration Section Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
l al	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Plea	tosed is a check for the following amount: se make check payable to: FLORIDA DEPA 125.00 Filing Fee	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate					

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

IN COMPILANCE 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: Brooksville SNF Operations LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LEC.") Delaware 84-3468424 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted husiness in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 267 Broadway, Brooklyn, New York 11211 267 Broadway, Brooklyn, New York 11211 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 33324 . Florida (City) 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. Stephane Honey C T Corporation System By: (Registered agent's signature) Stephanie Hencz Assistant Secretary

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Litle or Capacity:	Name and Address:	Title or Capaci	<u>N:</u> <u>N</u> :	ime and Address
□Manager	Brooksville SNF Operations Holdings Name: LLC	□Manager	Name:	
■ Member	Address: 267 Broadway	□Member	Address:	* **** ** *** *** *** *** *** *** ***
]Authorized	Brooklyn, New York 11211	☐ Authorized		
Person		Person		
Other	Other	□Other		Other
] Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
Authorized	<u></u>	□Authorized		
Person		Person		
Other	□Other	□Other		Other
Manager	Name:	□Manager	Name:	
Метвет	Address:	□Member	Address:	
Authorized		□Authorized	<u></u>	
Person		Person	 	
Other	□Other	Other		Other

- 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 consultates a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Daniel A. Gottesman, Authorized Representative

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 "BROOKSVILLE SNF OPERATIONS 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2020.

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

JAZO FEB 18 ANIO: 14



Jeffrey W. Bullech, Secretary of State

Authentication: 202402527