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TALLAHASSEE, FLORIDA

45 ✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY WEST NURSING HOME PROPCO LLC, a Delaware Limited Liability Company
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alan S. Walters, Esq	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name of Person	
Galbut, Walters & Associates, LLP	
Firm/Company	
4770 Biscayne Blvd., Ste. 1400	
Address	
Miami, Florida 33137	
City/State and Zip Code	
awalters@galbutwalters.com	
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

Alan S. Walters	786	245 - 2317
Name of Contact Person	at (Area Code)	Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
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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:

1. KEY WEST NURSING HOME PROPCO 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 "LLC.")

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

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4770 Biscayne Blvd., Ste 1400
(Street Address of Principal Office)

6. 4770 Biscayne Blvd., Ste 1400
(Mailing Address)

Miami, Florida 33137

Miami, Florida 33137

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

Name: Alan S. Walters

Office Address: 4770 Biscayne Blvd., Ste 1400

Miami, Florida 33137
(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.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

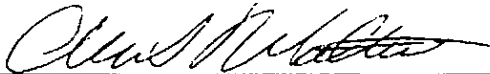
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Steven Bicky	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2745 N.E. 184th Way	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Aventura, Florida 33160	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Abraham A. Galbut	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4770 Biscayne Blvd, Ste 1400	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, Florida 33137	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Alan S. Walters	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4770 Biscayne Blvd., Ste 1400	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Miami, Florida 33137	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Alan S. Walters

Typed or printed name of signer

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KEY WEST NURSING HOME 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 FIRST DAY OF APRIL, A.D. 2020.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED




Jeffrey W. Bullock, Secretary of State

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SR# 20202516989

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Authentication: 202697318

Date: 04-01-20

Delaware

The First State

Page 1

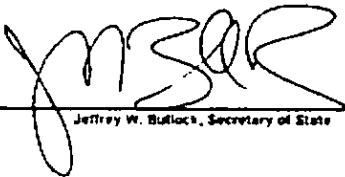
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "KEY WEST NURSING HOME PROPCO LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF APRIL, A.D. 2020, AT 10 O'CLOCK A.M.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

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SR# 20202516989

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State of Delaware
Secretary of State
Division of Corporations
Delivered 10:00 AM 04/01/2020
FILED 10:00 AM 04/01/2020
SR 20202516989 - File Number 7921228

STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION

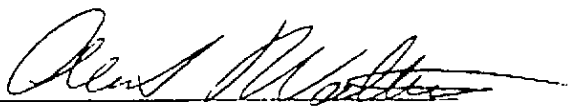
FIRST: The name of the limited liability company is
KEY WEST NURSING HOME PROPCO LLC.

The company is a Delaware limited liability company.

SECOND: The address of its registered office in the State of Delaware is 9 East Lookman Street, Suite 311, Dover, Delaware, 19901. The name of its Registered Agent at such address is Registered Agent Solutions, Inc.

THIRD: The company shall have perpetual existence.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 31st day of March, 2020.

By: 
ALAN S. WALTERS, Authorized Representative

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TALLAHASSEE, FLORIDA