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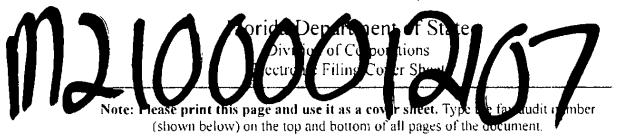
2021-09-14 11:02.05 CST

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From: Kimberly Laughre

9/14/21, 12:59 PM

Division of Corporations



(((H210003400073)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

Foreign Limited Liability Company Hamlin SNF Realty LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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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 POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	ruda. The atternate name must include "Limited Lie	while Company "THE Correct	
Delaware		87-2028375		
(Jaradiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
	(Date flest transacted business in Florida, if prior to re	gistration.)		
1007 Prooducty 2nd I	(See Sections 803,0904 & 603,0903, £.S. to determin	e penalty (tability)		
1007 Broadway, 2nd Floor		6. (Malling Address)		
.co: Yuttlese of Kilucibat Office)		(Mailing Address)		
Woodmere, NY 11598		Woodmere, NY 11598		
	s of Florida registered agent: (P.O. Box		21 SEP 171	
	C T Corporation System		SEP IL EL	
Name and street addres	s of Florida registered agent: (P.O. Box		21 SEP 14 M 7:	
Name and street addres Name:	C T Corporation System		SEP IL M 7: 35	
Name and street addres Name:	C T Corporation System 1200 South Pine Island Road	NOT acceptable)		
Name and street address Name: Office Address: egistered agent's accep aving been named as re esignated in this applica comply with the provisi	C T Corporation System 1200 South Pine Island Road Plantation (City)	NOT acceptable)	iability company at the p	

Page: 5 of 6

■ Manager	Hamlin Pastru Manager I I C	Title or Capacit	<u>Y:</u>	Name and Address:
	Name: Hamlin Realty Manager LLC	□Manager	Name:	
☐ Member	Address: 1007 Broadway, 2nd Floor	UMember	Address:	
DAuthorized	Woodmere, NY 11598	□Authorized		
Person		Person		
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		☐ Authorized		
Person		Person		
□ Other	Other	□Other		Other
⊡Manager	Name:	⊡Manager	Name:	
□Member	Address:	□Member	Address:	· · · · · · · · · · · · · · · · · · ·
□ Authorized		☐ Authorized		· · · · · · · · · · · · · · · · · · ·
Person		Person		
□Other		□Other		Other

Hamlin Realty Manager LLC, by: Daniel A. Gottesman, Auth. Person

Lyped or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HAMLIN SNF REALTY 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

6087950 8300

SR# 20213237851

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

Authentication: 204150975

Date: 09-14-21