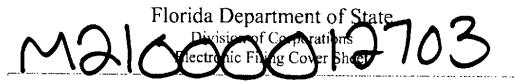
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Division of Corporations



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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.

F	Address.			
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Foreign Limited Liability Company Lakeview SNF Operations Holdings LLC

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Certificate of Status	0
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Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING INSUBMITTED TO REGISTER A FOREKEN, LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

nume unavailable, enter alternate	name adopted for the purpose of transacting business of F	Torsda. I i e alternate nam	e most melade "lumited Frability	Company ""(1, C, Cor"		
Delaware						
	fuch foreign franted liability company is organized)	3	(FH number, if a			
tancer and the tag is the	med beerge marious razonis company is reconsecu-		grid numeri, is a	Silate Tible i		
*				_		
	Date first transacted business in Phonds of prior to (See sections 605 1903 & 605,1905, F.S. to determ	ine penalty hability)				
267 Broadway, Brook	lyn, New York 11211	267 Broz	idway, Brooklyn, New	York 11211		
ttert Address of Pape ipal Officet		O(Mail	6. (Mailing Address)			
	**************************************	 · ···				
Name und <u>street addres</u>	ss of Florida registered agent (P.O. Bov	: <u>NOT</u> acceptable	>)	2 5 21 ST		
Name und <u>street addres</u>	CT Corporation System	: <u>NOT</u> acceptable	÷1	21/21/802/27/1		
		: <u>NOT</u> acceptable	÷1	\$© 27 PH 2:		
Name	CT Corporation System		33324 Florida	\$⊑°27 P:I		

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.

Ву	C T Corporation System KIM LAUGHREY, ASSISTANT SECRETARY	Killer Jangley
-	(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):

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
∐Managet	Tandem I'L Operations Holdings LLC Name.	□Manager	Name.	
≤ Member	Address: 267 Broadway	_Member	Address:	
□Authorized	Brooklyn, New York 11211	□Authorized		
Person		Person		
⊡Other	Other	_Other		20thci
∐Manager	Name:	II Manager	Name.	
DMember	Address:		Address:	
□Authorized		☐ Authorized	***	
Person		Person		
□Other	Other	☐ Other	·	□Other
I)Manager	Name:	∐ Manager	Name:	
□Member	Address:	☐ Member	Address:	
□Authorized		Authorized		
Person		Person		
□Other	□ Other	Other		□Other

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 filling 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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

/s/ Daniel A, Gottesman				
Signature of an authorized person				
Daniel A. Gottesman, Authorized Representative				

Delaware The First State

Page 1

From: Ranae McGraw

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

DELAWARE, DO HEREBY CERTIFY "LAKEVIEW SNF OPERATIONS HOLDINGS 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-SEVENTH DAY OF SEPTEMBER, A.D.

2021.

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

e at coro delaware sov/auth

Authentication: 204259804

Date: 09-27-21