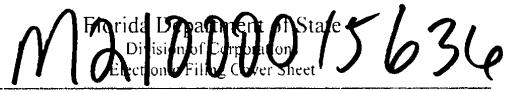
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Division of Corporations



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

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## Foreign Limited Liability Company Palatka SNF Operations LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

To: +18506176383

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

IN COMPLANCE WITH SECTION 605,0002, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Palatka SNF Operations LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

	anic adopted for the purpose of transacting business in Flo	rida. The alternate mane must include "Limit	et trability Company," "lafaC," or "l	1 (1, 1)
Delaware		•		
(Jurisdiction Order the law of w	hich foreign limited liability company is organized]	3	number, if applicable)	
	(Date hist treesacted business in Florida, if prior to r	egistration )		
	(See sections 605 0404 & 605,0905, U.S. to determin	e penalty hability)		
267 Broadway, Brookl	yn, New York 11211	267 Broadway, Brookly 6.		
reet Address of Principal Officer		6. (Mailing Address)		
	<del></del>		<del></del>	
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			121 NOV 2 SECRETAR LLI AHASS	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)		^-
			NOV 22 RETARY AHASSE	 ب
	C T Corporation System		2 F SEE.	!
Name:		<del></del>	<b></b>	П
	1200 South Pinc Island Road			
Office Address:		<del></del>	86.	
		33324	»·· 7	
	Plantation			
	Plantation (Cas)	Florida		

Ву:	CT Corporation System	Burne Box.	Bernadette Baker, Asst. Sec.
	(Registered agent's signa	lurci	

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Munager	Palatka 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:	□Meinber	Address:	
□ Authorized		Authorized		
Person		Person	<del></del>	
☐Other	Other	_Other		Other
□Manager	Name:	□ Manager	Nanie:	
□Member	Address:	□ Member	Address:	-
□Authorized		$\square$ Authorized		
Person		Person		
□Other	Other	Other	- <del></del>	, 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 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 \$.817.155, F.S.

/s/ Daniel A. Gottesman
Signature of an authorized person
Daniel A. Gouesman, Authorized Representative
Lyped or printed native of signee

To: +18506176383

"Page: 4 of 5



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALATKA 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 EIGHTH DAY OF NOVEMBER, A.D. 2021.

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

6374652 8300

SR# 20213738963

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

Authentication: 204633808

Date: 11-08-21