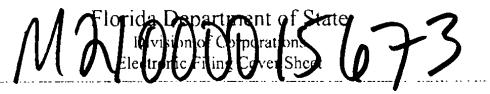
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Page: 2 of 5

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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 Table 1 annual report mailings. Enter only one email address please. **

Email Address:____

Foreign Limited Liability Company LAKE BENNET SNF OPERATIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

From: Ki

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

IN COMPLIANCE WITH SECTION (05.0A), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

Lake Bennet SNE Operations LLC.

i sank or i occipii	Finited Fiability Company; usust include "Finite	A Lantanty v	onlying, the or the p			
If name unavailable, erner alternate r	name adopted for the purpose of transacting business in f	lonida. The al	ternate name must archee "Limited Lisbility	Company,""L.L.C.	" or "11.0	. ")
Delaware		3.				
(Jurisdiction under the law of w	hich loggin limited liability company is organized)	٠	il Humpker, d a	pplicables		
4				<u>.</u>		
	(Date first transacted business in Florida, if prior to (See sections 605 0004 & 605 0005, F.S. to determ	registration I aine penalty li	ubifity)			
267 Broadway, Brookl		:	67 Broadway, Brooklyn, New '	York 11211		
Street Address of Principal Office)		b	(Mailing Address)			
				SE	202	
				TRE TA AHAS	202 NOV 2	<u> </u>
7. Name and street addres	<u>s</u> of Florida registered agent: (P,O, Bo	x <u>NOT</u> ac	reeptable)	S 20	ω Α	П
Name:	CT Corporation System			OF STATE	61 :8	
Office Address:	1200 South Pine Island Road					
	Plantation		33324 , Florida			
	(City)		(Zip code)	_		

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.

	CT Corporation System	Burner Breken	Bernadette Baker, Asst. Sec.			
Ву						
(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:
_ Manager	Lake Bennet SNF Operations Name: Holdmes LLC	_ Manager	Name:
' - Member	Address: 267 Broadway	□ Member	Address:
Authorized	Brooklyn, New York 41211	☐ Authorized	
Person		Person	
Other	Other	[[Other	Other
∐Manager	Name:	≟ Manager	Name:
⊑Member	Address:	□ Member	Address:
C. Authorized		- Authorized	
Person		Person	
Other	Other	Other	Other
∏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 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.

/s/ Daniel A. Gottesman	
Signature of an authorized person	
Damel A. Gottesman, Authorized Representative	
Typed or printed name of signer	



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

DELAWARE, DO HEREBY CERTIFY "LAKE BENNET 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 NINETEENTH DAY OF NOVEMBER, A.D. 2021.

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

6374627 8300

SR# 20213857567

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

Jatting W. Stullach, Sourcetary of State

Authentication: 204749964

Date: 11-19-21