

3/25/22, 1:00 PM

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Division of Corporations  
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## Foreign Limited Liability Company PALMETTO NURSING AND REHAB LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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**MAR - 2021**

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PALMETTO NURSING AND REHAB 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 laws of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Place first transacted business in Florida, if prior to registration.  
(See sections 605.0004 & 605.0005, F.S., to determine penalty liability.)

5. 400 RELLA BLVD  
(Street Address of Principal Office)

6. 400 RELLA BLVD  
(Mailing Address)

MONTEBELLO, NY 10901

MONTEBELLO, NY 10901

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

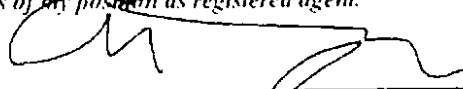
Name: INTERSTATE AGENT SERVICES, LLC

Office Address: 100 SE 2ND STREET SUITE 2000 #209

MIAMI, Florida 33131  
(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)

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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 type="checkbox"/> Manager                                 | Name: <u>Parklands Nursing Holdings LLC</u> | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                                  | Address: <u>400 RELIA BLVD</u>              | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                              | <u>MONTEBELLO, NY 10901</u>                 | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                       | Person                               | _____                                |
| <input checked="" type="checkbox"/> Other <u>Managing Member</u> | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager                                 | Name: _____                                 | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                                  | Address: _____                              | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                              | _____                                       | <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: _____                                 | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                                  | Address: _____                              | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                              | _____                                       | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                       | Person                               | _____                                |
| <input type="checkbox"/> Other _____                             | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 ALEX ENGLAND  
 \_\_\_\_\_  
 Typed or printed name of signer

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALMETTO NURSING AND REHAB 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-FIFTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALMETTO NURSING AND REHAB LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2022.

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



6619028 8300

SR# 20221163827

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203010523

Date: 03-25-22

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