

3/25/22, 1:07 PM

Division of Corporations

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Florida Department of State

Division of Corporations

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Foreign Limited Liability Company
JACKSON HEIGHTS NURSING AND REHAB LLC

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Corporate Filing Menu

Help

S. ROBERTS

MAR 29 2022



March 29, 2022

JACKSON HEIGHTS NURSING AND REHAB LLC

RE: APPLICATION FOR AUTHORITY OF JACKSON HEIGHTS NURSING AND REHAB LLC

To Whom It May Concern:

This is a confirmation that we do not have intentions of revoking the submission of our voluntary dissolution. The entity was first registered in error as DOMESTIC a entity, when it should in fact be FOREIGN. We are releasing the name for use, so that we may have this Application for Authority filed.

Sincerely,
Alex England

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

1. JACKSON HEIGHTS 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 law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1404 NW 22nd Street,

400 RELLA BLVD

5. (Street Address of Principal Office)

6. (Mailing Address)

Miami FL 33142

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

(City)

Florida 33131
(Zip code)

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2022 MAR 29 PM 12:26
TALLAHASSEE, FL

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	Jackson Heights Nursing And Rehab Holder LLC Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	400 RELLA BLVD Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	MONTEBELLO, NY 10901 _____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other Managing Member	<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 MGRM	<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 "JACKSON HEIGHTS 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 "JACKSON HEIGHTS NURSING AND REHAB LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2022.

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



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SR# 20221163540

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203010339

Date: 03-25-22

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