3/25/22, 1:07 PM

Division of Corporations

Flora Department of State 1 1 5

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001110063)))



H220001110063ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703

Fax Number : (718)504-7890

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: orders@interstatefilings.com

Foreign Limited Liability Company
JACKSON HEIGHTS NURSING AND REHAB LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS MAR 2 9 2022 To: +18506176383 - Page: 4 of 7 2022-03-29 20:19:58 GMT 17183041175 From: Alexander England



March 29, 2022

JACKSON HEIGHTS NURSING AND REHABILLC

RE: APPLICATION FOR AUTHORITY OF JACKSON HEIGHTS NURSING AND REHABILLO

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 Englard

From: Alexander Englard

(((H22000111006 3)))

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

f name unavailable, enter alternate i	rance adopted for the purpose of transacting business in Florida	The alternate name must include "Lainted Endir	hty Company," "L.L.C," or	-11C.
DELAWARE				
(Invisdo tion under the law of w	high foreign limited lightliny company is organized)	3. (141 number.	if applicable)	
	(Date Vest transacted business in Florida, if prior to reget (See actions 603-0904-2-603-0905, F.S. to determine per	ration ; nal.y fiabil.ty1	Ja.12	
1404 NW 22nd Street,		400 RELLA BLVD		
reet Address of Principal Office;		6. (Mailing Address)		
Miami FL 33142		MONTEBELLO, NY 10901		
				_
Nome and street address	is of Florida registered agent. (P.O. Box. <u>N</u> C	T accentable)	20	
tvane and sireet addres	ig of Frontal registered agent. (1.0. box 140	<u>s r</u> acceptable)	ZZ H	,
.,	INTERSTATE AGENT SERVICES, LLC		2022 HAR 29 See Tallaaha	+54.
Name:			∵	ij.
Office Address:	100 SE 2ND STREET SUITE 2000 #209		PH 12:	آ ا
	MIAMI	33131	12: 2 FL	ξ,
	(City)	, Florida, Zip osle;	_ ` iii 66	

To: +18506176383 · Page: 7 of 7 2022-03-29 20:19:58 GMT 17183041175 From: Alexander England

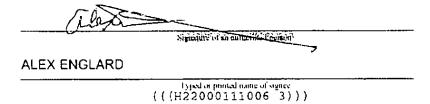
(((H22000111006 3)))

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	<u>e.</u>	Name and Address:
□Manager	Jackson Heights Nursing And Rehab Name:	Holdco LLC — Manager	Name:	
□Member	Address: 400 RELLA BLVD	Member	Address:	
□Authorized	MONTEBELLO, NY 10901	□Authorized	······································	
Person		Person		
Other Managing	Member Other	Other		□Other
□Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other	:	⊡Other		□Other
□Manager	Name:	□Manager	Name:	
-		-		
☐ Member	Address:	□'Member	Address:	
□Authorized		Authorized		
Person		Person		
□Other		□ (nher		□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 fifting 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.



From: Alexander Englard



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.

6631144 8300
SR# 20221163540
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203010339

Date: 03-25-22