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S. ROBERTS
JUL 07 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:July 07, 2022	Account#: 120000000088
Name: James Brodbeck	
Reference #: 1734825	
Entity Name: PALM BEACH NUR	SING CENTER LLC
✓ Articles of Incorporation/Authorizat	ion to Transact Business
Amendment	
Change of Agent	
Reinstatement	
Conversion	
Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$125.00	
Signature:	

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

IN COMPILANCE 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:

Hanne 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." Delaware 3. (Direction under the law of which foreign limited liability company a urganized) (Date first transacted business in Florida. (Epiter to registration) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability) 4405 Lakewood Rd Street Address of Principal Office) Lake Worth FL 33461 Lake Worth FL 33461 COGENCY GLOBAL INC. Name: 115 NORTH CALHOUN ST., SUITE 4 Office Address: TALLAHASSEE TALLAHASSEE (City) Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated limited liability company at the pleasingted in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wind accept the obligations of my position as registered agent. 4405 Lakewood Rd (Mailing Address) Lake Worth FL 33461 Cogency GLOBAL INC. 115 NORTH CALHOUN ST., SUITE 4 (City) Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated limited liability company at the pleasing and in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wind accept the obligations of my position as registered agent.	Delaware	ion) y liability)		L.L.C," or "L1.C."
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Name: 115 NORTH CALHOUN ST., SUITE 4	COGENCY GLOBAL INC.			
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comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.				
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(Registered agent's signature)
Sheila Carroll, Assistant Secretary

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 Capacit	<u>v:</u>	Name and Address:
□Manager	Name: Alan Schlanger	□Manager	Name:	
□Member	Address: 6085 Strickland Avenue	□Member	Address: _	
■Authorized	Brooklyn, NY 11234	□Authorized		
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□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.

Signature of an authorized person

Diana Johnson

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "PALM BEACH NURSING CENTER 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 SEVENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM BEACH
NURSING CENTER LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2022.

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

THE PARTY OF THE P

Authentication: 203855369

Date: 07-07-22