

10/15/23, 3:55 PM

Division of Corporations

Florida Department of State

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INTERSTATE FILINGS LLC
Account Number : I201100000086
Phone : (718)559-2703
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**Foreign Limited Liability Company
Plaza Healthcare and Rehabilitation Center LLC**

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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Plaza Healthcare and Rehabilitation Center LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name not available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. 400 Rella Boulevard, Suite 200
(Place foreign limited liability company to transact business in Florida; if prior to registration, see sections 605.001 & 605.003, F.S., to determine penalty liability)

5. 400 Rella Boulevard, Suite 200
(Street Address of Principal Office) 6. 400 Rella Boulevard, Suite 200
(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 200 #209
MIAMI, Florida 33131

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, and 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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§ 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>RM Irrevocable Trust</u>	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address <u>400 Rella Boulevard, Suite 200</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>MGMB</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 605.0293 (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 817.135, F.S.



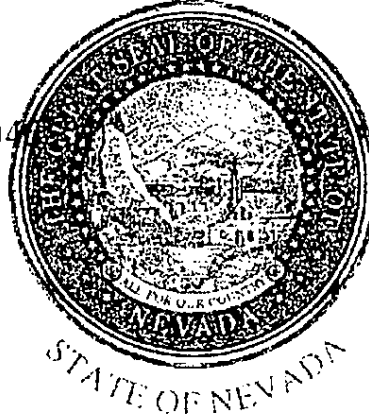
Signature of an authorized person

ALEX ENGLAND

Typed or printed name of signer

SECRETARY OF STATE

(((H2300036194)))

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Plaza Healthcare and Rehabilitation Center LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/16/2023, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/16/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202310164040630

You may verify this certificate
online at <http://www.nvsos.gov>

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