

**M24000005721**  
Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I200900000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
RIVERWOOD NURSING SNF HOLDCO LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

RECEIVED  
2024 MAY -3 PM 4:18  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAY -3 PM 5:11

**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. **RIVERWOOD NURSING SNF HOLDCO 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. **DE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **99-2586393**

(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)

**1535 Rockaway Parkway**

5. \_\_\_\_\_  
(Street Address of Principal Office)

**Brooklyn, NY 11236**

**1535 Rockaway Parkway**

6. \_\_\_\_\_  
(Mailing Address)

**Brooklyn, NY 11236**

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

Name: **Registered Agents Inc**

Office Address: **7901 4TH ST N STE 300**

**ST. PETERSBURG**

(City)

, Florida

**33702**

(Zip code)

4074 MAY -3 PM 5:11

**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.*

**David Roberts**

(Registered agent's signature)

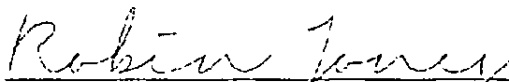
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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>Riverwood Nursing SNF Holdco II, LLC</u> | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: _____                                    | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>1535 Rockaway Parkway</u>                      | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | <u>Brooklyn, NY 11236</u>                         | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____              | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                                   | <br><input type="checkbox"/> Manager | <br>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 _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                                   | <br><input type="checkbox"/> Manager | <br>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

Robin Jones

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIVERWOOD NURSING SNF HOLDCO 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 THIRD DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIVERWOOD NURSING SNF HOLDCO LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2024.

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



3460267 8300

SR# 20241830605

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

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 203392359

Date: 05-03-24