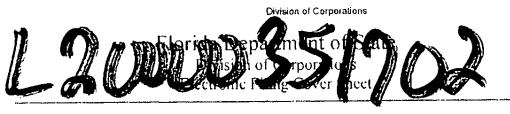
11/13/2020



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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

Email Addres	• •	
CINUTT MUUI CO)·	

FLORIDA LIMITED LIABILITY CO.

Isle SNF Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

COV 1 2020

T. SCOTT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
the name of the familied factor	iy Company is.		
Isle SNF Holdings L	1.0		
(Musi con	tain the words "Limited	Liability Company,	'L.L.C.," or "LLC.")
		•	
ARTICLE II - Address: The mailing address and street a	iddress of the principal	office of the Limited	Liability Company is:
The manning address and screet	iduless of the principal	control of the 12th Act	
<u>Princi</u>	nal Office Address:		Mailing Address:
400 Rella Blvd, Ste	200	400 I	Rella Blvd, Ste 200
Montebello NY 109	01	Mon	tebello NY 10901
	<u></u>		
ARTICLE III - Registered Ag	ent, Registered Office	. & Registered Agen	t's Signature:
(The Limited Liability Compan	y cannot serve as its ow	n Registered Agent. Y	ou must designate an individual or
another business entity with an	active Florida registrat	ion.)	
The name and the Florida street	address of the registere	ed agent are:	
	Veorp Services, LL	Nimo	
	5011 South State R		112
	Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptanie)
	Davie	FL	33314
	Ch.	State	Zio

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in it is aspacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Cupto 605, FS

Registered Agent's Signature (\$2\O) FED

(CONTINUED)

2020 NOV 16 AH 11: 23

Title:	Name and Address:
"AMBR" = Authorized Membe	er
"MGR" = Manager	
AMBR	Moshe Scheiner 400 Rella Blyd, Ste 200
	Montebello NY 10901
MGR	Moshe Scheiner 400 Rella Blvd, Ste 200
	Montebello NY 10901
n effective date is usted, the date in loto of filing)	an the date of filing:
TICLEVI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This documen	ire of a member or an authorized representative of a member, it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, it any false information submitted in a document to the Department of State hird degree felony as provided for in 8.817.155, F.S.
This documen I am aware that constitutes a th	nt is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)