

State of Idaho

Office of the Secretary of State

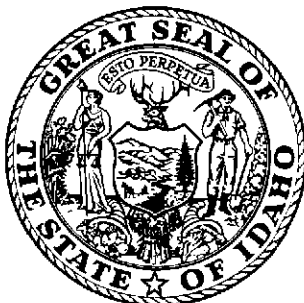
**CERTIFICATE OF REGISTRATION
OF
SENIOR BENEFITS ONE LLC**

File Number W 204659

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 5, 2018



Lawrence Denney
SECRETARY OF STATE

By *Shirley Rabner*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2018 JUL -5 PM 1:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Senior Benefits One LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Florida
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
2 OAKWOOD BLVD., SUITE 100, HOLLYWOOD, FL 33020
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
2 OAKWOOD BLVD., SUITE 100, HOLLYWOOD, FL 33020
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
Incorporating Services, Ltd. 921 S. Orchard Street, Suite G, Boise, ID 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Health Center Management Manager</u>	<u>2 Oakwood Blvd., Suite 100, Hollywood, FL 33020</u>
(Name)	(Capacity) (Address)

_____ (Name)	_____ (Capacity)	_____ (Address)
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Typed Name: Steven Dorfman

Signature: _____

Capacity: Manager of Manager LLC

Secretary of State use only

IDAHO SECRETARY OF STATE

07/05/2018 05:00

CK:PREPAID CT:221028 BH:1652202

1@ 100.00 = 100.00 FOR REG ST #2

1@ 20.00 = 20.00 EXPEDITE C #3

C204659

State of Florida

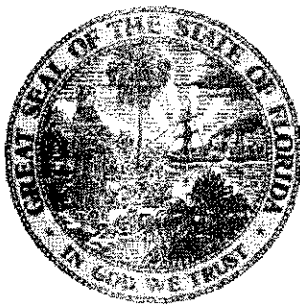
Department of State

I certify from the records of this office that SENIOR BENEFITS ONE LLC is a limited liability company organized under the laws of the State of Florida, filed on December 30, 2016, effective June 18, 2013.

The document number of this limited liability company is L17000001482.

I further certify that said limited liability company has paid all fees due this office through December 31, 2018, that its most recent annual report was filed on January 16, 2018, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Third day of July, 2018*



Ken Detjen
Secretary of State

Tracking Number: CU6595487157

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>