## L05000066836

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Core S (Name of	Limited Liability Company)
The enclosed Articles of Organization and fee(	(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Jesse Fiscaro	MGRM Veronica Pena Fiscaro MGRM (Name of Person)
Core Support	Rohab LLC (Firm/Company)
3816	103 Ava. N. (Address)
<u>Clearnator</u>	FL 33762 (City/State and Zip Code)
For further information concerning this matter,	please call:
Jesse Fiscaro (Name of Person)	at (72) 488 0694 EG EG (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	ζη <del></del>
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 22, 2005

JESSE FISCARO CORE SUPPORT REHAB LLC 3816 103 AVE. N. CLEARWATER, FL 33762

SUBJECT: CORE SUPPORT REHAB LLC

Ref. Number: W05000030546

We have received your document for CORE SUPPORT REHAB LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to submit the second page of the application. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 205A00042674

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Core Support	Rehab LLC
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3916 103 AV N Clear Water FL 33762	Core Support Rohab LLC 3916 103 Ave N. Clay- Mator FL 37762
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the response of the	gro
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent as provided for in Chapter 608, P.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MERM MERM (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested REQUIRED SIGNATURE: re of a member or an authorized representative of a member.

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)