

L11000100530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

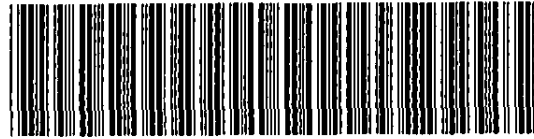
Special Instructions to Filing Officer:

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B. KOHR

SEP - 8 2011

EXAMINER



800211860958

09/08/11--01022--002 **25.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
11 SEP - 8 PM 12: 16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP - 8 PM 1: 39

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

FILED STATE
SECRETARY OF CORPORATIONS
17 SEP -8 PM 1:39

NAME OF ENTITY <u>Rehab London Distributors</u> <u>USA, LLC</u>	FOR OFFICE USE ONLY
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PICK ONE:

CERTIFIED COPY PHOTOCOPY C.U.S.

FILING:

CORPORATION LLC LIMITED PARTNERSHIP GENERAL PARTNERSHIP
 FICTITIOUS NAME SERVICEMARK/TRADEMARK AMENDMENT
 FOREIGN QUALIFICATION JUDGMENT LIEN
 OTHER Correction

RETRIEVAL:

GOOD STANDING CERT/C.U.S. CERTIFIED COPY PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 9/8/11 TIME 12:00

Notes: _____

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
REHAB LONDON DISTRIBUTERS USA, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Correction of spelling of name and change of address for MGRM Leslile Almond.

First name was misspelled. Correct spelling for Leslile should be Leslie Almond.

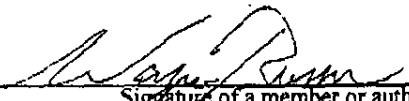
Correct Leslie Almond's address from 3085 Lakewood Circle, Weston, FL 33332 to

1112 Weston Road, Suite 125, Weston, FL 33326.

OR

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September 8, 2011



Signature of a member or authorized representative of a member
Wayne Rossner

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L11000100530
FILED 8:00 AM
September 01, 2011
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
REHAB LONDON DISTRIBUTERS USA, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
7731 SALEM LANE
PARKLAND, FL. 33067

The mailing address of the Limited Liability Company is:
7731 SALEM LANE
PARKLAND, FL. 33067

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
KRAMER & RASSNER, P.A.
7700 N. KENDALL DRIVE
SUITE 509
MIAMI, FL. 33156

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 certificate, 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 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.

Registered Agent Signature: WAYNE RASSNER

Article V

The name and address of managing members/managers are:

Title: MGRM
LESLIE ALMOND
3085 LAKEWOOD CIRCLE
WESTON, FL. 33332

Title: MGRM
J. DAVID SCHEINER
8180 ERWIN DRIVE
CORAL GABLES, FL. 33143

Title: MGRM
GLENN M RASSNER
7731 SALEM LANE
PARKLAND, FL. 33067

L11000100530
FILED 8:00 AM
September 01, 2011
Sec. Of State
jbryan

Signature of member or an authorized representative of a member

Electronic Signature: WAYNE RASSNER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.