

116000049586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

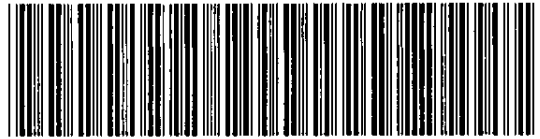
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/16--01009--015 **180.00

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MAR 10 11:56
SUFFOLK COUNTY
CLERK OF SUPERIOR COURT

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MAR 10 9:56
CLERK OF SUPERIOR COURT

MAR 14 2016

T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724
Toll Free: 844-541-6792

DATE: 3-10-16

WALK IN

ENTITY NAME: Daybreak Rehabilitation, LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

☒ Plain Copy ☒ Please send annual report
☐ Certified Copy notices to:

Jormond@kaplaw.com

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125-

CHECK NUMBER: 2339

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS
MATTER.

Thank you!

Tina Goff, President

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Daybreak Rehabilitation, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Paramount Bay Condominium, Unit 3708
2020 North Bayshore Drive
Miami Beach, FL 33137

Mailing Address:

Paramount Bay Condominium, Unit 3708
2020 North Bayshore Drive
Miami Beach, FL 33137

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

City

FL

State

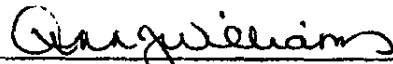
33324

Zip

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 as provided for in Chapter 605, F.S..

CT Corporation System

By:



Registered Agent's Signature (REQUIRED)

Ann J. Williams, Assistant Vice President

(CONTINUED)

FILED
CLERK OF STATE
IN THE CORPORATION
16 MAR 10 AM 9:55

ARTICLE IV –

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

“AMBR” = Authorized Member

“MGR” = Manager

Name and Address:

AMBR

Jon Goodman

Paramount Bay Condominium, Unit 3708

2020 North Bayshore Drive, Miami Beach, FL 33137

(Use attachment if necessary)

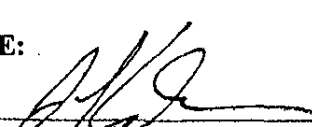
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 005.0203(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.

Jon Goodman, Member

Typed or printed name of signee

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 10 PM 9:55