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ECRETARY OF STATE

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: A-CORF NORTHWEST, LL	С				
	ted Liability Company)	<del></del>			
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida					
Please return all correspondence concerning this m	atter to the following:				
Margarita M. Grishkoff		SEC:	7001	wz Warne	
	me of Person)	HASSE	NB 15		
Ulysses Acquisitions, Inc.		F 9F	0_		
	m/Company)	STATE	1: 59		
584 Captain Hendry Drive					
	(Address)				
LaBelle, FL 33935					
(City/State and Zip Code)					
For further information concerning this matter, plea	ase call:				
Margarita M. Grishkoff	at ( 239 ) 297- 6718	ı			
(Name of Person)	(Area Code & Daytime Tel	ephone	Numbe	r)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:  \$\sum{125.00 Filing Fee}\$ \$\sum{130.00 Filing Fee & Certificate of}\$	<del>-</del> .		ng Fee, Ce Status & C	ertificate Certified Copy	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY INVESS. IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. A-CORF NORTHWEST, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Washington 3. 09-1210579
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. January 12, 2001 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
∠ August 15,2007
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 23160 Fashion Drive, Suite R225/226
Estero, FL 33928
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 🗸
9. The name and usual business addresses of the managing members or managers are as follows:
Luis M. Duluc 23160 Fashion Drive, Ste R225/226, Estero, FL 33928
Margarita M. Grishkoff, 23160 Fashion Drive, Ste R225/226, Estero, FL 33928
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Management of outpatient
rehabilitation facility
Mr. Ole. Spoller
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3) F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Margarita M. Grishkoff

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

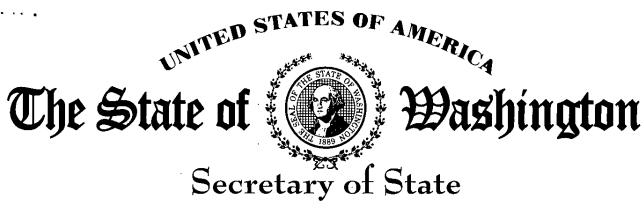
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
A-Corf Northwest, LLC		
If name unavailable, the alternate name to be used in the state of Florida is	<b>s:</b>	
2. The name and the Florida street address of the registered agent and offi	ZOOT AUG	7
Margarita M. Grishkoff	6 15	
(Name)	, FG T	M
23160 Fashion Drive, Suite R225/226	STATE STATE	O
Florida Street Address (P.O. Box NOT ACCEPTABLE)	A. A.	
Estero, FL 33928 <sub>FL</sub>		
City/State/Zip		
Having been named as registered agent and to accept service of process for t	the above state	d limited

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

### A-CORF NORTHWEST, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 1/12/2001.

I FURTHER CERTIFY that as of the date of this certificate, A-CORF NORTHWEST, LLC remains active and has complied with the filing requirements of this office.

Date: August 10, 2007

UBI: 602-091-579



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State