(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

D. WHITE MAR 1 7 2006



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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Up

Rehab Engineering, P.C.	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
N== WC 3//6 //:00	UCC 11 Search
Name Date Time	UCC 11 Retrieval

Courier_

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECRETARY OF STATE IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING SINDERS TO CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Florida)
_{2.} North Ca	arolina	3.	51-0562186
(State or country	under the law of which it is incorporated)	•	(FEI number, if applicable)
4. Decembe	er 15, 2005	5.	Perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6. N/A			
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)
_{7.} 406 E. Fo	ourth Street, Winston-S	Sa	lem, NC 27101
· · <u> </u>	(Principal office	add	ress)
406 E. Fo	ourth Street, Winston-S	Sa	lem, NC 27101
	(Current mailing	add	ress)
Engineer	ring Services		
(Purpose(s) of corporation authorized in home state of	or cc	ountry to be carried out in state of Florida)
9. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)
Name:	Capital Connection, I	nc	<u>. </u>
Office Address:	417 East Virginia Stre	<u>e</u>	<u>t</u>
	Tallahassee		, Florida 32301
	(City)		(Zip code)

10. Registered agent's acceptance:

Rehab Engineering, P.C.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Weimar Lopez for Capital Connection, Inc. (Registered agent's signature)

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED

A. DIRECTORS	06 MAR 16 AM 10: 11
Chairman:	SECRETARY OF STATE TALL AHASSEE, FLORIDA
ddress:	in Chiladle, Florium
ice Chairman:	
ddress:	
irector: C. Edward Lipsky	
ddress: 406 E. Fourth Street, Winston-Salem, N	C 27101
irector: D. Flay Blalock	
ddress: 406 E. Fourth Street, Winston-Salem, N	C 27101
officers C. Edward Lipsky, President ddress: 406 E. Fourth Street, Winston-Salem, N	C 27101
ce President: D. Flay Blalock	
ddress: 406 E. Fourth Street, Winston-Salem, N	C 27101
D. Flay Blalock	
406 E. Fourth Street, Winston-Salem, No.	C 27101
reasurer: C. Edward Lipsky ddress: 406 E. Fourth Street, Winston-Salem, N	C 27101
OTE: If necessary, you may attach an addendum to the application listing ac	
(Signature of Director or Officer) sted in number 12 of 1	the application) res Director



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

REHAB ENGINEERING, P.C.

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of December, 2005, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

SECRETARY OF STATE



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of March, 2006.

Secretary of State

Elaine I. Marshall

Certification# 85444548-1 Reference# 8140559-ACH Page: I of I Verify this certificate online at www.secretary.state.no.us/verification