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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Rehabilitation Options, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

R. Neal Keesee, Jr.

Name of Person

Woods Rogers PLC

Firm/Company

P.O. Box 14125

Address

Roanoke, VA 24038-4125

City/State and Zip code

keesee@woodsrogers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neal Keesee

Name of Person

at (540)

Area Code

983-7627

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Professional Rehabilitative Options, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Virginia

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 12/19/1997

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1130 2nd Street SW, Roanoke, VA 24016-4711

(Principal office address)

P.O. Box 220, Thaxton, VA 24174

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A

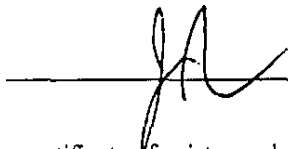
Tallahassee, Florida 32301

(City)

(Zip code)

9. Registered agent's acceptance:

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.



Justine Karnell, Asst. Secretary

(Registered agent's signature)

10. 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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Pamela Poff

Address: P.O. Box 220, Thaxton, VA 24174

Vice Chairman: Melissa Boone

Address: P.O. Box 220, Thaxton, VA 24174

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Pamela Poff

Address: P.O. Box 220, Thaxton, VA 24174

Vice President: _____

Address: _____

Secretary: Melissa Boone

Address: P.O. Box 220, Thaxton, VA 24174

Treasurer: Melissa Boone

Address: P.O. Box 220, Thaxton, VA 24174

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is 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.

13. Melissa Boone, Secretary/Treasurer

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That PROFESSIONAL REHABILITATIVE OPTIONS, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is December 19, 1997;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
June 5, 2017*

Joel H. Peck

Joel H. Peck, Clerk of the Commission