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K. SALY JUN 2 8 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 772754 7972774

AUTHORIZATION

COST LIMIT : (\$\forall 70.00

ORDER DATE: June 27, 2022

ORDER TIME : 2:22 PM

ORDER NO. : 772754-005

CUSTOMER NO: 7972774

FOREIGN FILINGS

NAME: RDP REHABILITATION HOLDINGS,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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.		RDP Rehabilitation Holdings, Inc.					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ine," "Co," or "Corp.")						
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2.		Delaware y under the law of which it is incorpo	3.				
	(State or country	y under the law of which it is incorpo	orated)	(FBI number, if appli	cable)		
4.	I	1/15/2021	5.				
		of incorporation)		(Date of duration, if other tha	n perpetual)		
6.	upon registration	1					
		(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
7		1300 Wilson Blvd., Suite	910, Rosslyn	, VA 22209			
٠.		(Prir	cipal office :	treet address)			
		(Curr	ent mailing a	ddress, if different)	ra -		
					7 R. 7		
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)							
	Name:	Corporation Service Company			FILE DUN 27		
Oi	ffice Address:	1201 Hays Street		_	JUN 27 AM		
		Tallahassee		, Florida 32301 (Zip code)	TALLAHASSEE FLORIDA		
		(City)		(Zip code)	Qr. O		
Hi de fu	aving been nam ssignated in this rther agree to co	ent's acceptance: ed as registered agent and to acc application, I hereby accept the comply with the provisions of all s with and accept the obligations	appointmen tatutes rela	t as registered agent and agree tive to the proper and complete p	to act in this capacity. I		
	C	orporation Service Company		•			
		y: alexan Weiter assister	en (17) (New William)	, †			
			agent's signa				

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS						
□Chairman	Patrick Kelley Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address: 1300 Wilson Blvd., Suite 910			
Director	Rosslyn, VA 22209	Director	Rosslyn, VA 22209			
President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	■ Secretary	Treasurer			
□Other	[i]Other	Other	□Other			
□Chairman	Name: Ryan Schwarz Address: 1300 Wilson Blvd., Suite 910 Rosslyn, VA 22209		Name: TS B			
Director	10031y11, VA 22200	☐ Director	- SS - T			
□President		□President				
■ Vice President		□ Vice President	<u> </u>			
☐ Secretary	☐ Treasurer	☐ Secretary	Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name:	∐Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	PARTIE SERVICE PARTIE P	Director				
□President		[]President				
□Vice President	· · · · · · · · · · · · · · · · · · ·	□ Vice President				
□Secretary	□Treasurer	Secretary	□Treasurer			
Other		Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals purp be added to the index when filing your Florida Department of State Annual Report form. 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						

Patrick Kelley, President

s.817.155, F.S.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RDP REHABILITATION HOLDINGS, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JUNE,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RDP

REHABILITATION HOLDINGS, INC." WAS INCORPORATED ON THE NINTH DAY OF

SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2022 JUN 27 AM II: 51



Authentication: 203774268

Date: 06-27-22

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