

L03000021657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

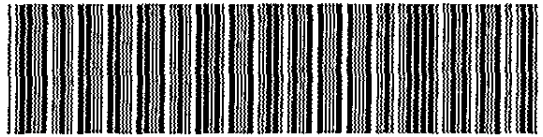
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/11/03--01102--002 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUN 11 AM 9:25

FILED

Rehab Resources  
16434 SW 67 Court  
Pembroke Pines, Florida 33331

Gary Walters  
954-560-1465 / Fax 954-434-6783

GSW444@aol.com

June 10, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

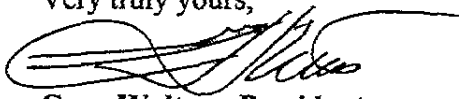
**Re: Rehab Resources, LLC**

Dear Sir or Madam:

Enclosed are the Articles of Organization along with a check in the amount of \$155 as payment for the Filing Fee (\$100), Designation of Registered Agent (\$25) and for a Certified Copy (\$30), to register Rehab Resources, LLC, as a limited liability company under the laws of the State of Florida.

If there are any questions, please contact the undersigned.

Very truly yours,



**Gary Walters, President**

## ARTICLES OF ORGANIZATION OF Rehab Resources, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

### ARTICLE I — Name:

The name of the Limited Liability Company is: Rehab Resources, LLC.

### ARTICLE II — Address:

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

16434 SW 67 Court  
Pembroke Pines, Florida  
33331

### ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.


### ARTICLE IV — Management:

The Limited Liability Company will be a manager-managed company.

### ARTICLE V — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Gary Walters  
16434 SW 67 Court  
Pembroke Pines, Florida  
33331

  
Gary Walters, a Member

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**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 IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is:

Rehab Resources, LLC

2. The name and address of the registered agent and office is:

Gary Walters  
16434 SW 67 Court  
Pembroke Pines, Florida  
33331

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*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, the undersigned hereby accepts the appointment as registered agent and agree to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and the undersigned is am familiar with and accept the obligations of its position as registered agent.*

By: 

Name:

Title:

**GARY WALTERS**  
**President**

Dated: June 10, 2003