

L08000008984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

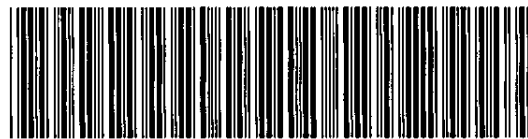
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B. KOHR

JAN 28 2008

EXAMINER



100115476341

01/28/08--01001--028 **125.00

FILED
08 JAN 25 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
08 JAN 25 PM 4:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JAN 28 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: NICHOLE STONE

DATE: 01/25/2008

REF. #: 000177.80537

CORP. NAME: REHAB CLINICS OF AMERICA HOLDINGS, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 524464 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
REHAB CLINICS OF AMERICA HOLDINGS, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **REHAB CLINICS OF AMERICA HOLDINGS, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

REHAB CLINICS OF AMERICA HOLDINGS, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is 250 Treemont Avenue, Orange City, Florida 32763.

ARTICLE III — Duration:

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

ARTICLE IV — Registered Agent:

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

CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, Florida 32301

ARTICLE V — Management:

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

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TALLAHASSEE, FLORIDA

ARTICLE VI – Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever to the greatest extent permitted under Florida law.

A handwritten signature in black ink, appearing to be 'Guy Annunziata', written over a horizontal line.

Guy Annunziata, D.C.
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

REHAB CLINICS OF AMERICA HOLDINGS, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

CorpDirect Agents, Inc.

By: Katie Wonsch

Print Name: Katie Wonsch

Title: Assistant Secretary

Dated: January 25, 2008