

L100000010873

(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:

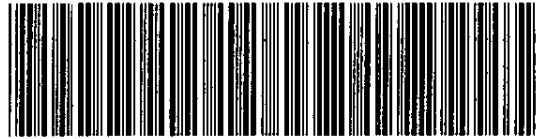
WI-2510

A. LUNT

JAN 29 2010

EXAMINER

Office Use Only



200163634732

01/15/10--01011--012 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 28 PM 3:36

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2010

RODNEY E.FOUNTAIN
2295 S. HIAWASSEE RD
STE #204
ORLANDO, FL 32835

SUBJECT: METROWEST REHAB CENTER LLC
Ref. Number: W10000002510

We have received your document for METROWEST REHAB CENTER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 410A00001413

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METROWEST REHAB CENTER LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODNEY E. FOUNTAIN

Name of Person

METROWEST REHAB CENTER LLC.

Firm/Company

2295 S. HIAWASSEE RD (STE. # 204)

Address

ORLANDO FL 32835

City/State and Zip Code

LANGUAGE60@AOL.COM

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

RODNEY E. FOUNTAIN

Name of Person

at (850) 485-6749

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

METROWEST REHAB CENTER LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2295 S. HIAWASSEE RD

STE. 204

ORLANDO FL 32835

Mailing Address:

2295 S. HIAWASSEE RD

STE. 204

ORLANDO FL 32835

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

AMWAY MEDICAL STAFFING LLC.

Name

4630 S. KIRKMAN RD # 337

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32811 FL

City, State, and Zip

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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, 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.,


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RODNEY E. FOUNTAIN

2295 S. HIAWASSEE RD # 204

ORLANDO FL 32835

(Use attachment if necessary)

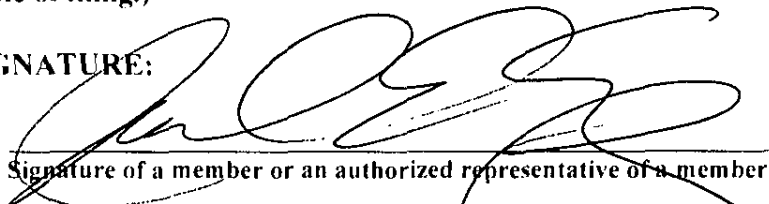
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ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOEL E. LETANG

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)