

Corporate 13056752811 p.1  
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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

FEB 11 2010

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (300) 494-3124  
Fax Number : (561) 455-9885

**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LIMITED LIABILITY CO.  
LINCOLN PARK REHAB, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

LINCOLN PARK REHAB, LLC

**ARTICLE II ADDRESS**

The principal office of the Limited Liability Company is:

4052 NW 88TH AVENUE #2C

SUNRISE, FLORIDA 33351

The mailing address of the Limited Liability Company is:

PO BOX 770056

CORAL SPRINGS, FLORIDA 33077

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

CATHERINE ANNE WALTON

4052 NW 88TH AVENUE #2C

SUNRISE, FLORIDA 33351

Having been named as registered agent 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.

x Catherine Anne Walton  
CATHERINE ANNE WALTON / Registered Agent's signature

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3  
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PAGE 2 LINCOLN PARK REHAB, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
CATHERINE ANNE WALTON  
PO BOX 770056  
CORAL SPRINGS, FLORIDA 33077

.....  
  
x Catherine Anne Walton

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.

CATHERINE ANNE WALTON

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