

L11000144265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

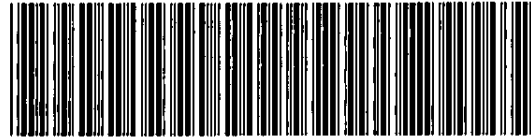
(Business Entity Name)

(Document Number)

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

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Office Use Only



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12/13/11--01022--005 \*\*130.00

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11 DEC 27 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan DEC 27 2011

**LAW OFFICES  
POLOVOY & RUCKLE, LLC**

216 Schilling Circle  
Hunt Valley, MD 21031-8624

410-527-1700

410-527-1777 (Fax)

e-mail: NormanPolovoy@PolovoyRuckle.com

Norman Polovoy  
James S. Ruckle, Jr.

Of Counsel:  
Albert B. Polovoy

December 8, 2011

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


Re: Articles of Incorporation  
PT Ventures, LLC

Gentlemen:

Enclosed for filing are Articles of Organization for PT Ventures, LLC together with our check in the amount of \$130.00 to include a Certificate of Status.

If anything further is needed, please do not hesitate to contact the undersigned directly.

Very truly yours,

  
Norman Polovoy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2011

NORMAN POLOVOY, ESQ.  
POLOVOY & RUCKLE, LLC  
216 SCHILLING CIRCLE  
HUNT VALLEY, MD 21031

SUBJECT: PT VENTURES, LLC  
Ref. Number: W11000062375

We have received your document for PT VENTURES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until

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January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 311A00027880

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Rehab Ventures, 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:

1550 Madruga Ave., Suite 514  
Coral Gables, FL 33146

#### Mailing Address:

1550 Madruga Ave., Suite 514  
Coral Gables, FL 33146

### 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 as the business entity with an active Florida registration.)

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

Gary Katz

Name

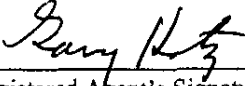
1550 Madruga Ave., Suite 514

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

Coral Gables FL 33146

City, State, and Zip

*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)  
Gary Katz

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

Gary Katz

1550 Madruga Ave., Suite 514  
Coral Gables, FL 33146

Greg Smith

12500 Pennywood Lane  
Dunkirk, MD 20754

Thomas J. Yoviene, Jr.

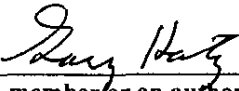
25 Londonderry Drive  
Easton, MD 21601

(Use attachment if necessary)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gary Katz

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)**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA