

L14000042875

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000581523)))



H140000581523ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SAVAGE KRIM & SIMONS
Account Number : 073617000267
Phone : (352) 732-8944
Fax Number : (352) 867-0504

FILED
14 MAR 13 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED

14 MAR 13 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA LIMITED LIABILITY CO.****ResHab, LLC****EFFECTIVE DATE**3-6-14

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

03/13/2014 12:14
850-617-8381

3528570504

SAVAGE KRIM

PAGE 05/05



March 11, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SAVAGE KRIM & SIMONS

SUBJECT: RESHAB, LLC
REF: W14000015402

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Teresa Brown (850) 245-6925
Regulatory Specialist II

FAX Aud. #: H14000058152
Letter Number: 314A00005218

RECEIVED
14 MAR 13 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000058152 3

3-6-14**ARTICLES OF ORGANIZATION**

of

**ResHab, LLC
a Florida Limited Liability Company****FILED**
14 MAR 13 AM 11:50
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be ResHab, LLC ("Company").

ARTICLE II - ADDRESS

The physical address of the principal office of the company shall be 10865 SW 47th Avenue, Ocala, Florida 34476.

The mailing address of the principal office of the company shall be 10865 SW 47th Avenue, Ocala, Florida 34476.

ARTICLE III - DURATION

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

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent and registered office of the Company in the state of Florida is DAVID F. MINNICI, 10865 SW 47th Avenue, Ocala, Florida 34476.

ARTICLE V - MANAGERS/MANAGING MEMBERS

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

TITLE:	NAME:	ADDRESS:
MGRM	DAVID F. MINNICI	10865 SW 47 th Avenue Ocala, Florida 34476

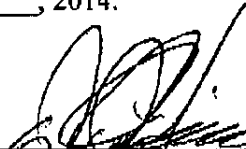
H14000058152 3

H14000058152 3

ARTICLE VI - EXISTENCE

The existence of the Company shall begin on March 6, 2014.

Signed this 6 day of March, 2014.




DAVID F. MINNICI, Organizer and
Authorized Representative of the Members

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 6 day of March, 2014, by DAVID F. MINNICI, as Organizer and Authorized Representative of the Members, ☐ who is personally known to me or ☒ who produced Florida Driver's License as identification.





Notary Public, State of Florida
My commission expires:

H14000058152 3

H14000058152 3

ACCEPTANCE OF REGISTERED AGENT

for

**ResHab, LLC,
a Florida Limited Liability Company**

Undersigned hereby states that he is familiar with the obligations of Registered Agent for the Company as provided by Chapter 605, Florida Statutes, and accepts the appointment as Registered Agent for the Company.

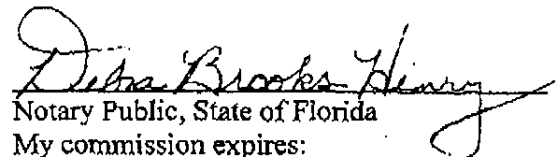
Signed this 6 day of March, 2014.

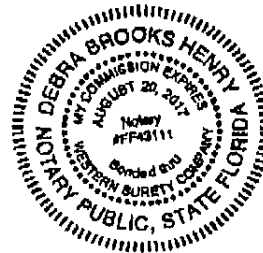


DAVID F. MINNICI, Registered Agent

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 6 day of March, 2014, by DAVID F. MINNICI, as Registered Agent, ☐ who is personally known to me or ☒ who produced FL Driver's License as identification.


Notary Public, State of Florida
My commission expires:



H14000058152 3