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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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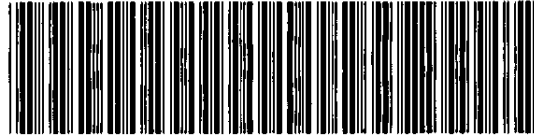
(Business Entity Name)

(Document Number)

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NCR National Corporate Research (Hong Kong) Limited,  
a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited,  
Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

Date: 09/07/2016

Account #: I20000000088

Name: KEN HOWELL

Reference #: M082854

ENTITY NAME: UNIVERSITY PARK REHABILITATION CENTER, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: \_\_\_\_\_

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Authorized Amount: \$125-

Signature: \_\_\_\_\_

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: [info@nationalcorp.com](mailto:info@nationalcorp.com) Website: [www.nationalcorp.com](http://www.nationalcorp.com)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: University Park Rehabilitation 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:

**Keith E. Linch**

Name of Person

**Law Offices of Keith E. Linch, LLC**

Firm/Company

**3399 Peachtree Rd NE, Suite 400**

Address

**Atlanta, GA 30326**

City/State and Zip Code

**mcronquist@southernltc.com**

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

For further information concerning this matter, please call:

**Keith Linch**

at ( **404** )

**923-3095**

Name of Person

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 Address**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**University Park Rehabilitation 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:

101 Sunnyside Road

Suite 201

Castleberry, FL 32707

Mailing Address:

5887 Glenridge Drive

Suite 150

Atlanta, GA 30328

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:

**National Corporate Research, Ltd., Inc.**

Name

**115 North Calhoun St., Suite 4**

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

**Tallahassee**

**Florida**

**32301**

City

State

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 605, F.S..*



Registered Agent's Signature (REQUIRED)

National Corporate Research, Ltd.

by: Amy Brown, Asst. Secretary

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Southern Healthcare Management, LLC

5887 Glenridge Dr., Suite 150

Atlanta, GA 30328

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**The Company shall be manager-managed.**

**REQUIRED SIGNATURE:**

*Keith Linch, Authorized Representative*

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

(In accordance with section 605.0203(1)(b), 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.)

*Keith Linch*

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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