

**LA 00006156**

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.**

(((H19000086795 3)))



H190000867953ABCC

**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)617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**\*\*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 LIMITED LIABILITY CO.  
CDI Rehabs and Rentals LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**FILED**  
2019 MAR 14 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

H.19000086795.3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

CDI REHABS AND RENTALS LLC

**ARTICLE II ADDRESS**

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

498 SE STARFLOWER AVENUE

PORT ST LUCIE, FLORIDA 34983

**ARTICLE III REGISTERED AGENT**

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

DAVID ISTANICH

498 SE STARFLOWER AVENUE

PORT ST LUCIE, FLORIDA 34983

*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.*

X /s/ David Istanich

DAVID ISTANICH / Registered Agent's signature

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 MAR 14 AM 8:55

FILED

H.19000086795.3

4. 19000086795.3

PAGE 2 CDI REHABS AND RENTALS LLC

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER  
DAVID ISTANICH  
498 SE STARFLOWER AVENUE  
PORT ST LUCIE, FLORIDA 34983

.....

X /s/ David Istanich  
DAVID ISTANICH / Authorized Representative's signature

*(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.)*

4. 19000086795.3