

ACCOUNT FILING COVER SHEET  
L990000000375

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2019109  
(Sub Account)

DATE: 10-4

REQUESTOR NAME: LEXIS

ADDRESS:

TELEPHONE: ( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME: Jackson Heights Rehabilitation Center, LLC

DOCUMENT NUMBER: (if applicable)

W99-20898

AUTHORIZATION:

C. Woodyard

☒ CERTIFIED COPY (1-2)  
☒ CERTIFICATE OF STATUS (1-2)  
☒ PLAIN STAMPED COPY

MJH

☒ Call When Ready  
☒ Walk In  
☐ Mail Out

☐ Call if Problem  
☐ Will Wait

☐ After 4  
☐ Pick Up

200003004542-9



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 5, 1999

LEXIS

SUBJECT: JACKSON HEIGHTS REHABILITATION CENTER, LLC  
Ref. Number: W99000022898

We have received your document for JACKSON HEIGHTS REHABILITATION CENTER, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Please remove the Affidavit of Membership and Contributions from the document, it is no longer required.,

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 099A00048165

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Jackson Heights Rehabilitation Center, LLC

### ARTICLE II - Address:

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

111 W Michigan St.  
Milwaukee, WI 53203

### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Unlimited/Perpetual

### ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Northern Health Facilities, Inc  
111 W Michigan St.  
Milwaukee, WI 53203

### ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

N/A


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT -4 PM 3:27

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

None

**Sole Member: Northern Health Facilities, Inc.**

BY:  TITLE: Assistant Secretary  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Timothy J. Murphy  
Typed or printed name of signer

**Filing Fee: \$250.00 for Articles and Affidavit**

# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

Jackson Heights Rehabilitation Center, LLP

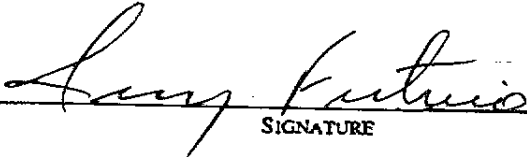
2. The name and the Florida street address of the registered agent are:

Lexis Document Services Inc.  
NAME

3953 WW Kelley Rd.  
Florida street address (P. O. Box NOT ACCEPTABLE)

Tallahassee FL 32311  
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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**