

L990000008024

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2020495
(Sub Account)

DATE: 11-22-99

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (____) (____) ext (____) 700003051717

CONTACT NAME: _____

CORPORATION NAME: First Coast Health Rehabilitation Center, L.C.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: C. Woodyard

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

☒ Call When Ready () Call if Problem () After 4:30
☒ Walk In () Will Wait () Pick Up
() Mail Out

RECEIVED
NOV 22 AM 10:59
STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
NOV 22 PM 2:53
STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
WL 11/2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

First Coast Health + Rehabilitation Center, LLC**ARTICLE II - Address:**

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

111 West Michigan Street, Milwaukee, WI 53203**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Lexis Document Services, Inc.
3953 WW Kelley Road
Name
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 as provided for in Chapter 608, F.S.

Angie Kuntz
 Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

FILED
 99 NOV 22 PM 2:53
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

(An additional article must be added if an effective date is requested)

Timothy J. Murphy
 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.)

Timothy J. Murphy, Assistant Secretary
 Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)