

**L990000008488**

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: \_\_\_\_\_  
(Sub Account)

DATE: 12-6-99

REQUESTOR NAME: LEXIS

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: North Rehabilitation Care

DOCUMENT NUMBER: file LLC  
(if applicable)

AUTHORIZATION: C. Woodyard

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

200003062542--8

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

**RECEIVED**  
99 DEC -6 PM 4:21  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FILED**  
99 DEC -6 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12/7

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**North Rehabilitation Care, LLC**

## ARTICLE II - Address:

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

**111 W 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.**

Name

**3953 WW Kelley Raod**

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..*

*C. Woodyard, as agent*

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.

(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)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA