

# M010000002819

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Physician's Rehabilitation Institute LLC I  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael DeCardenas

(Name of Person)

Physician's Rehabilitation Institute

(Firm/Company)

365 W. 49th Street

(Address)

Hialeah FL 33012

(City/State and Zip code)

For further information concerning this matter, please call:

Michael DeCardenas at (305) 825-0404

(Name of Person)

(Area Code & Daytime Telephone Number)

## STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

## MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 18 AM 2:45

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Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

12/18

FF #125



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 17, 2001

MICHAEL DECARDENAS  
365 W. 49TH STREET  
HIALEAH, FL 33012

SUBJECT: PHYSICIAN'S REHABILITATION INSTITUTE LLC I  
Ref. Number: W01000028019

We have received your document for PHYSICIAN'S REHABILITATION INSTITUTE LLC I and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

I HAVE YET TO RECIEVE A CERTIFICATE OF GOOD STANDING.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays  
Document Specialist

Letter Number: 301A00065932

DEC 19 AM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Physician's Rehabilitation Institute I LLC  
(Name of foreign limited liability company)
2. Texas  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 75-2941796  
(FEI number, if applicable)
4. 5/17/01  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2901 Dallas Parkway Suite # 345, LB15 Plano, TX 75093  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

365 W. 49th St. Hialeah FL 33012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: The  
business is in Florida

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

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

Michael DeCardenas (305) 298-3710

Typed or printed name of signee

**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:

Physician's Rehabilitation Institute 1 LLC

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

Michael De Cardenas  
(Name)

365 W. 49th Street

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

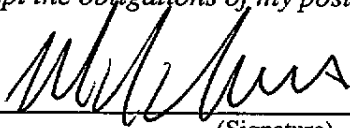
Hialeah

FL

33012

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 608, F.S..



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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01 DEC 18 AM 2:41  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

DEC-17-2001 14:51

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Geoffrey S. Connor  
Assistant Secretary of State

P.02/02

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Organization for PHYSICIANS REHABILITATION INSTITUTE I, L.L.C. (filing number: 708955622), a Domestic Limited Liability Company (LLC), was filed in this office on May 17, 2001.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 14, 2001.



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01 DEC 18 AM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Geoffrey S. Connor  
Assistant Secretary of State

PHONE(512) 463-5555  
Prepared by: Beverly Mayfield

Come visit us on the internet at <http://www.sos.state.tx.us/>  
FAX(512) 463-5709

TTY7-1-1

TOTAL P.02