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K SALY EXAMINER OCT 24 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rehab Technologies, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Trar Existence, and check are submitted to register the above referenced foreign limited liability	
Please return all correspondence concerning this matter to the following:	
Brandon Marbut	
Name of Person	
Rehab Technologies, ŁLC,	
Firm/Company	
3315 Memorial Parkway South, Bldg 400, Suite 2 Address	
Huntsville, AL 35801 City/State and Zip Code	
brandon@rehabtechnologiesonline.net E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
Brandon Marbut at (256) 532-40 Name of Person Area Code & Daytime Telephone 1	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
	50.00 Filing Fee, Certificate Status & Certified Copy
Add 1050.00 Assessment per: Dane	+te ·

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

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

1.	I. Rehab Technologies, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	Repab Technologics, Limited Liability Company	
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")	
-	Alabama (Jurisdiction under the law of which foreign limited liability company is organized) 3. 721391413 (FEI number, if applicable)	
4.	9/29/./997 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Sept 2007	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	3315 Memorial Parkway, SW, Building 400, Suite 2	
	Huntsville, AL 35801 (Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and your law iness addresses of the managing members or managers are as follows:	
	(Street Address of Frincipal Office)	
8.	If limited liability company is a manager-managed company, check here x	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Brandon Marbut 3315 Memorial Parkway, SW, Building 400 Suite 2	
	Huntsville, AL 35801	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or promoted in Florida: Sale and rental	
	of Durable Medical Equipment	
	Tinh Mu	
	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. 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.)	
	Brandon Marbut	
	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:

Rehab Technologies, LLC

If unavailable, the alternate to be used in the state of Florida is:

Rehab Technologies, Limited Liability Company**

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

Robert H. Kirby

(Name)

Talahassee

Talahassee**

FI. 32312

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, Florida Statutes.

City/State/Zip

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Rehab Technologies, L.L.C. was formed in Madison County, Alabama on September 26, 1997. The Alabama Entity Identification number for this entity is 657-555. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/17/2011

Date

Beth Chapman

Beth Chapman

Secretary of State