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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

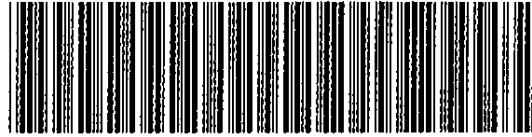
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/28/13--01045--004 **125.00

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2013 DEC -5 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 6 2013

T. HAMPTON

62669 310

CR28027 (9/10)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crosswinds Rehab Inc, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michael Kornhauser, Esq.

Name of Person

Fuerst Ittleman David and Joseph, PL

Firm/Company

1001 Brickell Bay Drive, 32nd Floor

Address

Miami, FL 33131

City/State and Zip Code

mkornhauser@fuerstlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlton Talbot, Esq. at (305) 350- 5690

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Crosswinds Rehab Inc., LLC
4700 Sheridan Street Ste-B
Hollywood, Florida 33021
954-367-4597

5 December 2013

REFERENCE: Register Crosswinds Rehab Inc, LLC as a foreign entity authorized to transact business in Florida.

Dear Ms. Hampton:

Please accept this correspondence as a follow-up to our discussion of yesterday's date. I am the managing member of Crosswinds Rehab Inc, LLC, a Delaware limited liability company. I would like to register Crosswinds Rehab Inc, LLC as a foreign entity authorized to transact business in Florida. However, I was advised that the use of "Inc" in the company name prevented the Florida Department of State, Division of Corporations ("Florida DOS") from recording the foreign registration, as is, despite its proper registration in Delaware.

To remedy this situation, you asked that I provide this correspondence, authorizing the Florida DOS to register Crosswinds Rehab Inc, LLC in Florida as Crosswinds Rehab, LLC. To that end, I hereby authorize this administrative change in form, not substance, and solely for the limited purpose of authorizing Crosswinds Rehab Inc, LLC to transact business in Florida.

Should you have any questions or concerns, please feel free to contact me.

I greatly thank you for your patience and assistance in this matter.

Regards,


Margaret Fernandez
Managing Member
Crosswinds Rehab Inc., LLC

Ph: 954-367-4597
Fax: 954-367-4564

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2013 DEC -5 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 DEC -5 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 8, 2013

MICHAEL KORNHAUSER, ESQ
FUERST LITTLEMAN DAVID AND JOSEPH PL
1001 BRICKELL BAY DR - 32ND FLOOR
MIAMI, FL 33131

SUBJECT: CROSSWINDS REHAB LLC
Ref. Number: W13000062284

We have received your document for CROSSWINDS REHAB LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 013A00026081

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Crosswinds Rehab INC, LLC,
(Name of Limited Liability Company)

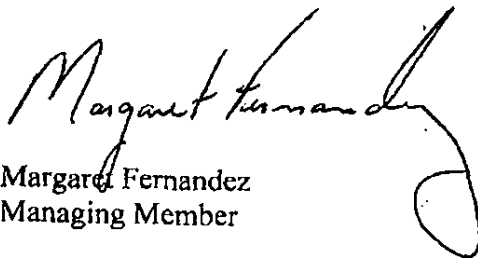
a limited liability company duly organized and existing under the laws of
DELAWARE.
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

Crosswinds Rehab, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
Company, L.L.C., or LLC.)

Date: 11/8/13

Signature(s) of Manager(s) and/or Managing Member(s):


Margaret Fernandez
Managing Member

2013 DEC -5 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Crosswinds Rehab Inc, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Crosswinds Rehab, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. October 11, 2013

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 P.S. to determine penalty liability)

7. 4700 Sheridan Street STE B

Hollywood, FL 33021

(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:

Cross Senior Care Inc, LLC

4700 Sheridan Street STE B

Davie, FL 33317

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: any and all lawful purpose

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

(In accordance with section 608.408(3), P.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, P.S.)

Michael Kornhaber Esq.
Typed or printed name of signee

2013 DEC +5 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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:

Crosswinds Rehab Inc, LLC

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

Crosswinds Rehab, LLC

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

Fuerst Ittleman David and Joseph, PL

(Name)

1001 Brickell Bay Drive, 32nd Floor

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miami

FL

33131

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, Florida Statutes.



(Signature)

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

2013 DEC -5 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROSSWINDS REHAB INC, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROSSWINDS REHAB INC, LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2009.

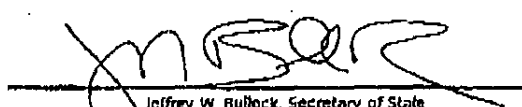
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4771358 8300

131232175

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0839934

DATE: 10-24-13