Florida Department of State

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To:

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fax Number

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**Enter the email address for this business entity to be used for Emare annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company **ENCORE REHABILITATION SERVICES, LLC**

| Certificate of Status | 0 |
|-----------------------|----------|
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MAY 1 4 2014

5/13/2014

T. BROWN

COVER LETTER

| COVER LETTER | | | | |
|---|--|--|--|--|
| TO: Registration Section Division of Corporations | | | | |
| SUBJECT: Encore Rehabilitation Services, 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: | | | | |
| Gayle Aiken, Paralegal | | | | |
| Name of Person | | | | |
| Honigman Miller Schwartz and Cohn LLP | | | | |
| Firm/Company | | | | |
| 2290 First National Building | | | | |
| Address | | | | |
| Detroit, MI 48226 | | | | |
| City/State and Zip Code | | | | |
| gca@honigman.com | | | | |
| E-mail address: (to be used for future annual report notificution) | | | | |
| For further information concerning this matter, please call: | | | | |
| Gayle Aiken Name of Contact Person at 313 Area Code Daytime Telephone Number | | | | |
| Name of Contact Person Area Code Daytime Telephone Number | | | | |
| MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section | | | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| | | | | |
| Enclosed is a check for the following amount: \$\Boxed{15.00 Filing Fee} 15.00 Filing Fee & \$\Boxed{15.00 Filing Fee & \$\B | | | | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Encore Rehabilitation Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL. | C.") | | |
|---|-------------------------------------|------------------------|-----------------|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name in Liability Company," "L.L.C," or "LLC.") | | de "Lin | alted |
| ₂ Michigan ₃ 20-8215706 | ALC SEC | 141 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | <u>→ 30</u> → 70 → 70 → 70 | AY | n |
| 4. | SSE | $\overline{\omega}$ | 7 |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) | T C | Мd | <u>in</u> |
| 5. 30230 Orchard Lake Road, Suite 140 | 0 <u>5</u> | ယ္ | <u>ب</u> |
| Farmington Hills, Michigan 48334 | NE A | 07 | |
| (Street Address of Principal Office) 6, 30230 Orchard Lake Road, Suite 140 | | | - |
| Farmington Hills, Michigan 48334 (Mailing Address) | | | • |
| 7. The name, title or capacity and address of the person(s) who has/have authority to mana | ge is/ar | e: | |
| Encore GC Acquisition, LLC, Member and Manager | | | _ |
| 300 Park Street, Suite 380 | | | |
| Birmingham, Michigan 48009 | | | - |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authentical having custody of records in the jurisdiction under the law of which it is organized. (A photo acceptable. If the certificate is in a foreign language, a translation of the certificate under our must be submitted) | осору і | s not | |
| Dougo Ouben | | | |
| Signature of an authorized person (in accordance with section 605,0203, P.S., the execution of this document constitutes an afformation under the penalties of purjury that am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for | the facts at in a.817.1 | ated here 55, F.S.) | eln are true, l |
| Gayle Aiken | | | |
| Typed or printed name of signee | | | |

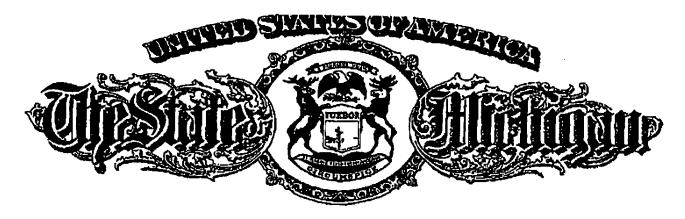
1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| Encore Rehabilitation Services, LLC | | | | | |
|--|--|---|--|--|--|
| If unavailable, the alternate to be used in the state of Florida is: | | | | | |
| 2. The name and the Florida street address of | of the registered agent and office | are: | | | |
| C T Corporation System | | | | | |
| | (Name) | | | | |
| 1200 South Pine Island Road | | | | | |
| Florida Street Add | ress (P.O. Box NOT ACCEPTABLE) | | | | |
| Plantation | FL 33324 City/State/Zip | | | | |
| | City/state/2:p | | | | |
| Having been named as registered agent and i liability company at the place designated in to registered agent and agree to act in this capa statutes relating to the proper and complete p accept the obligations of my position as regis | his certificate, I hereby accept the activ. I further agree to comply wi performance of my duttes, and I a | appointment as ith the provisions of all on familiar with and | | | |
| Statutes. C T Corporation System | eleca Buth | Rebeccca Barth Assistant Secretary | | | |
| (Signe | | | | | |
| \$ 100.00 \$ 25.00 \$ 30.00 | Designation of Registered Ag | ent | | | |

5.00 Certificate of Status (optional)





This is to Certify That

ENCORE REHABILITATION SERVICES, LLC

was validity organized on January 12, 2007 as a Limited Liability Company. Said Limited
Liability Company is validity in existence under the laws of this state and has satisfied its annual filling obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1225185

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of May, 2014

Alan J. Schefke, Director Corporations, Securities & Commercial Licensing Bureau