Division of Corporations Electronic Filing Cover Sheet

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(((H14000132194 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future

Email Address:

Foreign Limited Liability Company RAI Care Centers of Rockledge, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

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June 13, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: RAI CARE CENTERS OF ROCKLEDGE, LLC

REF: W14000036790

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the names and street addresses of the members or managers of the limited liability company.

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.

Tammi Cline Regulatory Specialist II FAX Aud. #: H14000132194 Letter Number: 014A00012837

RECEIVED 4 JUN 13 PH 4: 38 SECREIVEN OF STATE FALLAHASSEE FLORIDA *RE-SUBMIT*
Please retain oil

date of submission 6/6

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO:	Registration Section Division of Corporation	•				
SUBJ	RAI Care Centers of	Rockledge, LLC				
		Name of Limits	d Linbility Company			
The en Exister	closed "Application by Forence, and check are submitted	ign Limited Liability Com to register the above refer	p eny for Authorization enced foreign limited (to Transact Business in Florid liability company to transact bu	a," Certifica sincas in Fl	ate of orida
Please	return all correspondence of	oncerning this matter to the	following:			
	Elizabeth Scully					
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	wynelle.scenna@					
	<u></u>	E-mail address: (to be use	for future annual report	notification)		
For fu	ther information concerning	this matter, please call:				
	Elizabeth Scully		at (781) 6	599-9000		
	Name of	Contact Person	Arca Code	Daytima Telephone Number		
	MAILING ADDRESS:	STREE	T 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 32314		ssee, FL 32301			
Racio	sed is a check for the fo	illowine amount				
		Ø\$130.00 Filing Fee & Certificate of Status	S155.00 Filing For Certified Copy	ec & S160.00 Filing Fee, of Status & Certifie		

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:

7. The name, title or capacity and address of the person(s) who has have authority to manage is are; so managers RAI Rockledge Haldings LLC Member 920 Win 7ex 57. Waltham MA 0245] 8. Attached is an original cartificate 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) Signature of an authorized person (In occordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perfect that the facts tasted begin are law, the arroware that any false information submitted in a document to the Repartment of State constitutes a third degree foliany as provided for in x \$17.155, F.S.) Brutan Mello	(Name of Fareign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")		
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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.

1. The name	of the Limited Liability (Company is:	
RAI Care Cente	ers of Rockledge, LLC		
If unavailable	, the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street add	dress of the registered agent and office are:	20 IL JUN
	C T Corporation System		
		(Name)	SSEN 6
	1200 South Pine Island R	oad	
	Florida Str	net Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	**
		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 605, Florida Statutes.

By: C T Corporation System Commun Buyan	_ Comitative, a
	Commence of the

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

Delaware

DACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RAI CARE CENTERS OF ROCKLEDGE, 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 SIXTH DAY OF JUNE, A.D. 2014.

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

5080948 8300

140804995

You may verify this certificate enline at corb.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

HENTICATION: 1430932

DATE: 06-06-14