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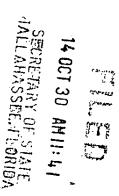
(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
Special instructions to Fining Officer.								

Office Use Only



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October 20, 2014

JESSICA JOHNSON 5516 27TH TERR GAINESVILLE, FL 32653

SUBJECT: J & J UNITED REHABILITATION, LLC

Ref. Number: W14000063445

We have received your document for J & J UNITED REHABILITATION, 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 insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00022348

COVER LETTER

- 6	n of Corpor								
SUBJECT: _	J+	J	UNITE O	Limite	REHABILIT d Liability Company	ATION, LLC			
The enclosed "A Existence, and o	Application by theck are sub	y Foreig mitted to	n Limited Liabili oregister the abov	ty Comp ve refer	pany for Authorization to enced foreign limited liabi	Transact Business in Florida," Certificate of lity company to transact business in Florida.			
Please return ail	l corresponde	nce con	cerning this matte	r to the	following:				
				N	ame of Person				
JESSICA JOHNSON.									
				Fi	rm/Company				
		_5	516 NU	U á	RTT TERI	ZACE			
GAINESVILLE, FL 32653 City/State and ZD Code									
City/State and Zip Code essand amie @ cox, net E-mail address: (to be used for figure annual report notification)									
For further info	rmation conc	erning th	is matter, please			,			
_3	T <u>ESS/(/</u>		DHNSOA ontact Person	<u>/</u>	_at (<u>352</u>)_8	71-6783 Daytime Telephone Number			
Divisi Regist	ING ADDR on of Corpora ration Section on 6327	ations		Divisio Registr	ET ADDRESS: on of Corporations ation Section Building				
	assee, FL 323	314		2661 E	xecutive Center Circle assee, FL 32301				
Enclosed is a	check for	the foll	lowing amount	t:					
\$12	5.00 Filing F	ee ∏	\$130.00 Filing I Certificate of St	Fee &	☐ \$155.00 Filing Fee & Certified Copy	k Fl \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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: REHABILITATION, LLC

pility Company, must include "Limited Liability Company," "LLC." or "LLC." (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL.C," or "LLC.") DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) HAVE NOT DONE FL 32653 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: JOHNSON (MERM) OFFICE MANAGER + CO-OWNER, OCCUPATIONAL THERAPIST + CO-OWNER 55H NW 27TERR., GAINESUILLE, 8. 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) Signature of an authorized person (In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, FS) TESSICA JOHNSON
Typed or printed name of signee

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	he Limited Liability Comp	any is:		
J+J	UNITED REHI	AB/LIT	ATION, LLC	
	e alternate to be used in the		•	
2. The name and	the Florida street address of	of the registere	ed agent and office are:	
_	JESSICA	(Name)	JOHNSON.	
-	55H NU Florida Street Add		TERRAC &	_
-	GAINES	SUILL,FL City/State/Z	32653 ·	_

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.

Joseph Comments (Signature)

\$100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "J & J UNITED REHABILITATION, 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-FIFTH DAY OF AUGUST, A.D. 2014.

14 OCT 30 AH II: 41
SECRETARY OF STATE

4824105 8300

141102188

AUTHENTICATION: 1644655

DATE: 08-25-14

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