

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000052560 3)))



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To:

From:

Division of Corporations

Account Name

Fax Number : (850)617-6383

\*RE-SUBMIT\*

Account Number : FCAC00000023 Phone Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company Blue Ridge in Georgetown, LLC

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Corporate Filing Menu

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3/2/2015

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Blue Ridge in Georgetown LLC	
	Name of Limited Liability Company
	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this	matter to the following:
. Levi Y Rudd	
	Name of Person
Blue Ridge Healthcare LLC	
	Firm/Company
10800 Biscayne Blvd Suite 20	· · · · · · · · · · · · · · · · · · ·
	Address
Miemi, FL 33161	
	City/State and Zip Code
levi.r@symmetry.care	
E-mail addr	ress: (to be used for future annual report notification)
For further information concerning this matter, p	please cell:
Levi Y Rudd	at (305 ) 864-9191
Name of Contact Person	at (305 ) 864-9191  Area Codu Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Cilifon Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following am	nount:
□ \$125.00 Filing Fcc 🖾 \$130.00 F	

850-617-6381

3/272015 8:24:06 AM PAGE 1/001 Fax Server



March 2, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: BLUE RIDGE AT GEORGETOWN, LLC

REF: W15000014578

\*RE-SUBMIT\*
Please retain original filing
date of submission 267

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 electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000051015 Letter Number: 915A00004193

## 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. Blue Ridge in Georgetown LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LY.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Liability Company," "L.L.C." or "L.L.C.")	Limited	
2. South Carolina 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)		
4		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_	
5. 10800 Biseayne Blvd, Suite 200	v vone	
Miami, FL 33161	三三三	2015
(Street Address of Principal Office)		833
6. 10800 Biscayne Blvd, Suite 200		8 2
Miami, FL 33161	Tái	7
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		ထ္ ယ
Levi Y Rudd - Mgr	<del>-</del>	U.J
10800 Biscayne Blvd, Suite 200		
·		
Miami, FL 33141	<del>-</del>	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the chaving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is no acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the tramust be submitted)	ot .	
/// //		
Signature of an authorized person (In accordance with section 605.0203, P.S., dic execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated ham 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.	versin sre true. I S.)	t
Levi Y Rudd		
Typed or printed name of signce		

2015 FEB 27 JH 8:

# 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.

Blue Ridge in Georgetown LLC	
If unavailable, the alternate to be used in the state of Florida is:	•
2. The name and the Florida street address of the registered agent and office are:	子
C T Corporation System	
(Name)	#SS
1200 South Pine Island Road	- ÷
Florida Street Address (P.O. Box NOT ACCEPTABLE)	-
Plantation F[_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.  C T Consorption System  Angel Nunez  S 100.00 Filing Fee for Application  S 25.00 Designation of Registered Agent  S 30.00 Certified Copy (optional)	

# The State of South Carolina



## Office of Secretary of State Mark Hammond

#### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

BLUE RIDGE IN GEORGETOWN LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 10th, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of February, 2013.

Mark Hammond, Secretary of State