

M15000007565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300277240923

RECEIVED  
SEP 21 2015

TO ASSISTANT  
SUFFICIENCY OF FILING

15 SEP 21 PM 4:19

FILED

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2015 SEP 22 AM 11:19

SEP 23 2015  
J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 791037 7864759

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : September 21, 2015

ORDER TIME : 3:29 PM

ORDER NO. : 791037-020

CUSTOMER NO: 7864759

FOREIGN FILINGS

NAME: PORT ST. LUCIE OPERATIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

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. Port St. Lucie Operations, LLC
(Name of Foreign Limited Liability 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," "L.L.C.," or "LLC.")

2. Tennessee 3. 47-4970341
(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. 3570 Keith Street, NW
Cleveland, TN 37312
(Street Address of Principal Office)

6. Same as above
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: [Signature]
(Corporation Service Company)
(Registered agent's signature)

Courtney Williams
Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Life Care Centers of America, Inc., corporate manager - 3570 Keith Street, NW Cleveland, TN 37312

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Port St. Lucie Operations, LLC

By: Life Care Centers of America, Inc., corporate manager
[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, F.S.

Joan E. Thurmond, Assistant Secretary of Corporate Manager
Typed or printed name of signee

2015 SEP 22 AM 11:19
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS  
SUITE B  
992 DAVIDSON DRIVE  
NASHVILLE, TN 37205

August 24, 2015

**Request Type: Certificate of Existence/Authorization**  
Request #: 0173184

Issuance Date: 08/24/2015  
Copies Requested: 1

**Document Receipt**

Receipt #: 002205802  
Payment-Account - #00009 CFS, NASHVILLE, TN

Filing Fee: \$20.00  
\$20.00

**Regarding: Port St. Lucie Operations, LLC**

Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 08/24/2015  
Status: Active  
Duration Term: Perpetual  
Business County: BRADLEY COUNTY

Control #: 811894  
Date Formed: 08/24/2015  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Port St. Lucie Operations, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Nichole Hambrick

Verification #: 013323019