

M1500008249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

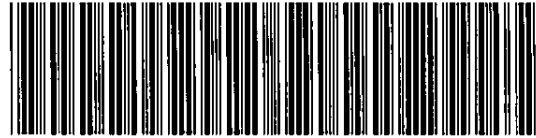
(Document Number)

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

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RECEIVED  
15 OCT 14 AM 11:19  
TALLAHASSEE, FLORIDA

RECEIVED  
2015 OCT 14 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For LLC

OCT 15 2015

WHITE

File secured  
do not separate  
please \*

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

ACCOUNT NO. : I20000000195

REFERENCE : 827522 7986790

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : October 9, 2015

ORDER TIME : 1:04 PM

ORDER NO. : 827522-010

CUSTOMER NO: 7986790

FOREIGN FILINGS

NAME: REHAB SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: CO)

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: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rehab Solutions, 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:

Benjamin Beeman

\_\_\_\_\_  
Name of Person

Rehab Solutions

\_\_\_\_\_  
Firm/Company

536 Old Howell Road

\_\_\_\_\_  
Address

Greenville, SC 29615

\_\_\_\_\_  
City/State and Zip Code

ap@heritage-healthcare.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Beeman

864  
at ( )

244-3626

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$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:**

1. Rehab Solutions, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
**Rehab Solutions (North Carolina), 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. North Carolina 3. 56-1947172  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)
4. 02/26/2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 536 Old Howell Road  
Greenville, SC 29615  
(Street Address of Principal Office)
6. 536 Old Howell Road  
Greenville, SC 29615  
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- |                 |   |
|-----------------|---|
| Name:           | <u>Corporation Service Company</u>        |
| Office Address: | <u>1201 Hays Street</u>                   |
|                 | <u>Tallahassee</u> , Florida <u>32301</u> |
|                 | (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.*

Corporation Service Company

By:

(Registered agent's signature)

**Courtney Williams**  
**Asst. Vice President**

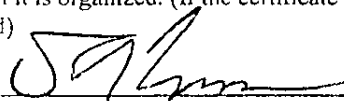
**8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:**

John Heller, President 536 Old Howell Road, Greenville SC 29615

Don Tesner, Vice President 536 Old Howell Road, Greenville SC 29615

Chris Mottey, Treasurer 536 Old Howell Road, Greenville SC 29615

**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)**



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.

Don Tesner

Typed or printed name of signee



# NORTH CAROLINA

## Department of the Secretary of State

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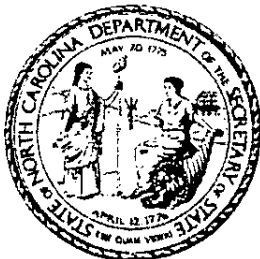
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### REHAB SOLUTIONS LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 11th day of July, 1995, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of October, 2015.

*Elaine F. Marshall*

Secretary of State

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