

M16000000601

(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



800281270768

RECEIVED
DEPARTMENT OF STATE
16 JAN 22 PM 4:27
NOT RECORDED
TO AGENCY OF
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
2016 JAN 22 AM 9:24
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JAN 25 2016
J. HARRIS

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

ACCOUNT NO. : I20000000195

REFERENCE : 967744 7986790

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : January 21, 2016

ORDER TIME : 9:10 AM

ORDER NO. : 967744-005

CUSTOMER NO: 7986790

FOREIGN FILINGS

NAME: HERITAGE REHAB & FITNESS, 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: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Heritage Rehab & Fitness, 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

Heritage Rehab & Fitness, LLC

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

244-3626

at ()

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. Heritage Rehab & Fitness, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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. South Carolina 3. 30-0015400
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/01/2015
(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: 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 limited liability company 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: Tina Qualls
(Registered agent's signature)

Tina Qualls Asst. Secretary

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

Paul Shaw, President 536 Old Howell Road, Greenville, SC 29615
Al Eads, Member 536 Old Howell Road, Greenville, SC 29615
Don Tesner, Member 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]

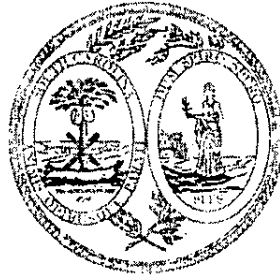
Signature of an authorized person

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

2016 JAN 22 AM 9:24
STATE OF FLORIDA
TALLAHASSEE

The State of South Carolina



Office of Secretary of State Mark Hammond

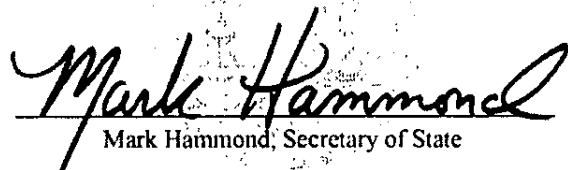
Certificate of Existence

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

HERITAGE REHAB & FITNESS, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on August 16th, 2000, with a duration that is until 12/31/2095, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the 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 S.C. Code Ann. 33-44-809, 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 22nd
day of January, 2016.


Mark Hammond, Secretary of State