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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing
date of submission 1/26

****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
PT Solutions Holdings, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,041.25

ATTN: J. HARRIS
2016 JAN 26 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB -4 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PT Solutions Holdings, 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:

Amy Saccone

Name of Person

PT Solutions Holdings, LLC

Firm/Company

1990 Vaughn Road, Suite 330

Address

Kennesaw, GA 30144-4502

City/State and Zip Code

asaccone@pt-solutions.us

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

For further information concerning this matter, please call:

Amy Saccone

678

403-3562

Name of Contact Person

at (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



January 27, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PT SOLUTIONS HOLDINGS, LLC
REF: W16000005535

RE-SUBMIT

Please retain original filing
date of submission 1/26

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L14000003877.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000021122
Letter Number: 216A00001732

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
2016 JAN 26 AM 8:42
TALLAHASSEE FLORIDA

2/4/2016 9:48:07 AM From: To: 8506176383(3/6)



PT SOLUTIONS
PHYSICAL THERAPY

February 1, 2016

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

Dear Sir/Madam:

PT Solutions Holdings, LLC, a dissolved Florida entity, consents to use of the name PT Solutions Holdings, LLC, an Alabama domestic entity, as they will not be cancelling the voluntary dissolution within the 120 days the name is not available for use. Should you have any questions, please feel free to call me at 678-403-3555.

Sincerely,

Dale Yake, Manager/CEO

2016 JAN 26 AM 8:42
OFFICE OF THE
TALLAHASSEE, FLORIDA

PT SOLUTIONS PHYSICAL THERAPY | 1990 VAUGHN ROAD, SUITE 330 | KENNESAW, GA 30144
PHONE: 678.403.3556 | FAX: 770.423.3569 | WEB: WWW.PT-SOLUTIONS.US

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. PT Solutions Holdings, 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. Alabama

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-2092663

(FEI number, if applicable)

4. 12/1/2013

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1990 Vaughn Road, Suite 330

Kennesaw, GA 30144-4502

(Street Address of Principal Office)

6. 1990 Vaughn Road, Suite 330

Kennesaw, GA 30144-4502

(Mailing Address)

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

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

Florida 33324

(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:

C T Corporation System

Ternell Kearney Asst. Secretary

(Registered agent's signature)

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

Dale Yake, Manager 1990 Vaughn Road, Suite 330 Kennesaw, GA 30144-4502

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 605.0902 (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.

Dale Yake, Manager/CEO

(Typed or printed name of signer)

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that PT Solutions Holdings, LLC was formed in Montgomery County, Alabama on December 28, 2004. The Alabama Entity Identification number for this entity is 458-471. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20160125000018954

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

1/25/2016

Date

A handwritten signature in cursive script, appearing to read "J. H. Merrill".

John H. Merrill

Secretary of State