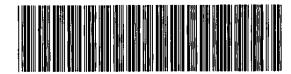
## Moduloss

Requestor's Name)							
Address)							
Address)							
City/State/Zip/Phone #)							
☐ WAIT ☐ MAIL							
Business Entity Name)							
(Document Number)							
Certificates of Status							
to Filing Officer:							

Office Use Only



400288720064

16 AUG -9 AH 11: 18

15 AUG -9 AH 9: 1

FLIC

AUG 10 2016

A. WHITE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 247476 4358473 AUTHORIZATION COST LIMIT ORDER DATE: August 8, 2016 ORDER TIME : 3:34 PM ORDER NO. : 247476-020 CUSTOMER NO: 4358473 FOREIGN FILINGS NAME: SUNDANCE REHABILITATION AGENCY, 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: Melissa Zender -- EXT# 62956

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:

SunDance Rehabilitation								
(Name of Fore	eign Limited Liability Company; in	ust inc	ude "Limited Liab	oility Company," "L.L.	C" or "LLC	:.")		
(If name unavailable, enter a Liability Company," "L.L.C.	ternate name adopted for the purpo	se of u	ansacting busines	s in Florida. The altern	ate name mu	st include "I	Limited	
, Delaware		3	30-0141695					
	of which foreign limited liability	J		(FEI number, if app.	licable)			
4. <u>8/8/16</u>								
	(Date first transacted busing (See sections 605,0904 & 60	iess in 5.0905	Florida, if prior to . F.S. to determine	registration.) penalty liability)				
5. 101 E. State Street								
Kennett Square PA 19.	348							
	(Street Address of	Princi	pal Office)					
6. 101 E. State Street							20≫ æ\J	
Kennett Square PA 193	348						∃0¥	••
***************************************	(Mailing	Addre	ss)				-9	
7. Name and street address	ss of Florida registered agent: (I	P.O. B	ox <u>NOT</u> accepta	able)		ÿ• · · ·	AH	 د ر دسو
Name:	Corporation Service Company	/		_		Carlo September	ڣ	W <sub>2</sub>
Office Address:	1201 Hays Street			_			45	
	Tallahassee			_, Florida <u>32301</u>				
	(City)		•	(Zip co	de)			
designated in this applica to complywith the provisi	rgistered agent and to accept se tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. Corporation Service Compa By:	ntmen. e prop	t as registered a	gent and agree to ac	t in this cap duties, and Mel	pacity. I full II am fami IISSA Zen	irther a iliar wi ider	igree ith ar
	(Regi	stered a	igent's signature)		Asst.	Vice Pres	siden	t
8. The name, title or capa J. Richard Edwards, Trea	acity and address of the person(s	;) who	has/have author	ity to manage is/are:				
101 E. State Street								
Kennett Square PA 19348	3							
		certific	cate is in a foreig	gn language, a transla				
	į	(	authorized persor					
This document is executed submitted in a document to	I in accordance with section 605 to the Department of State consti	.0203 tutes a	(1) (b), Florida S third degree feld	Statutes. I am aware t ony as provided for in	hat any fals 1 s.817.155	e informati , F.S.	on	
	J. Richard Edwards							

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUNDANCE REHABILITATION AGENCY, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNDANCE REHABILITATION AGENCY, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202791164

Date: 08-08-16

3614853 8300 SR# 20165270672