

11/16/2016

Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
Quality Rehabilitation Services, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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2016 NOV 16 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 17 2016
J. HARRIS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY REHABILITATION SERVICES, LLC (AKA DIVINITY HOME CARE)
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:

NATASA TRPCESKI

Name of Person

QUALITY REHABILITATION SERVICES, LLC

Firm/Company

16931 19 MILE ROAD, SUITE 130

Address

CLINTON TOWNSHIP, MI 48038

City/State and Zip Code

ntrpceski@qcrp.com

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

For further information concerning this matter, please call

KATHRYN WALSH

Name of Contact Person

586

at ()

Area Code

541-7781

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. QUALITY REHABILITATION SERVICES, 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. MICHIGAN

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

3. 30-0535415

(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. 16931 19 MILE ROAD, SUITE 130

CLINTON TOWNSHIP, MI 48038

(Street Address of Principal Office)

6. 16931 19 MILE ROAD, SUITE 130

CLINTON TOWNSHIP, MI 48038

(Mailing Address)

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

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(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.

Jenifer Vincent

Jenifer Vincent, Assistant Secretary & Vice President.

(Registered agent's signature)

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

Tatjana Savich, Member, 16931 19 Mile Road, Suite 130, Clinton Township, MI 48038

Alksander Savich, Member, 16931 19 Mile Road, Suite 130, Clinton Township, MI 48038

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)

Kathryn M. Walsh

Signature of an authorized person

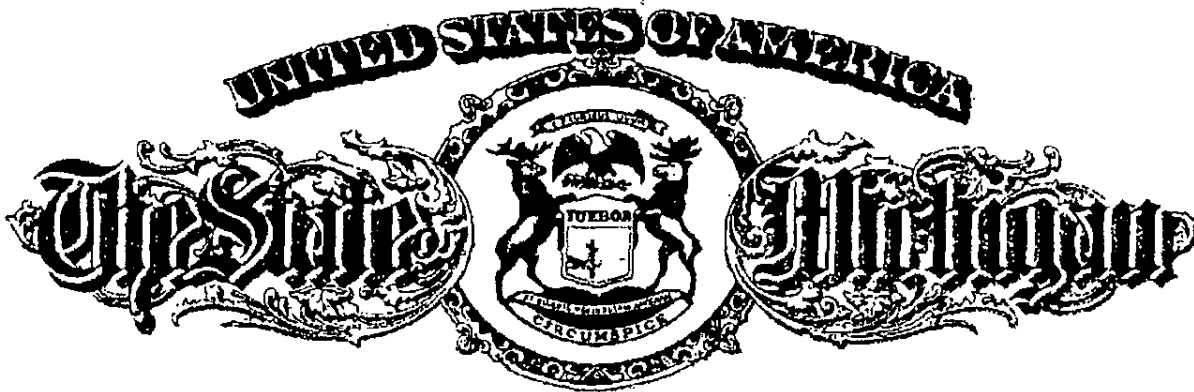
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kathryn M. Walsh, CPA

Typed or printed name of signer

16 NOV 16 AM 8:58

FILED
RECORDED
2016 NOV 16 PM 8:58



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

QUALITY REHABILITATION SERVICES, LLC

was validly organized on August 17, 2007 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
1420288

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 15th day of November, 2016*

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau.