

M17000003234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

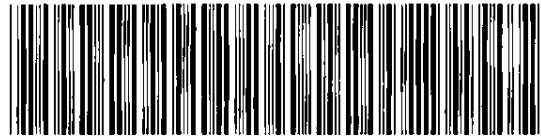
(Business Entity Name)

(Document Number)

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

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RECEIVED  
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17 APR 14 PM 4:19

FILED  
2017 APR 14 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR 17 2017

*PLEASE FILE FIRST*

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

ACCOUNT NO. : I20000000195

REFERENCE : 594284 5020855

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : April 11, 2017

ORDER TIME : 3:18 PM

ORDER NO. : 594284-005

CUSTOMER NO: 5020855

FOREIGN FILINGS

NAME: REHAB SPECIALISTS I, 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: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rehab Specialists I, 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:

Staci Tone, Corporate Controller  
Name of Person  
Marquis Companies  
Firm/Company  
4560 SE International Way Suite 100  
Address  
Milwaukie, Oregon 97222  
City/State and Zip Code  
staci@marquiscompanies.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Staci Tone, Corporate Controller at ( 971 ) 206-5202  
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:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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 Specialists I, 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. Oregon 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4560 SE International Way, Suite 100

Milwaukie, Oregon 97222  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(same as above)

\_\_\_\_\_  
(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: Corporation Service Company

By:

(Registered agent's signature)

Melissa Zender  
Asst. Vice President

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

Steven C. Fogg, CFO/Secretary of Managing Member-4560 SE International Way, Suite 100, Milwaukie, OR 97222

Rehab Specialists, Inc., Managing Member - 4560 SE International Way, Suite 100, Milwaukie, OR 97222

Columbia Candies, Member - 6198 S Shagbark Ave., Boise, ID 83716

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.

Steven C. Fogg, CFO/Secretary of Managing Member

Typed or printed name of signer

FILED  
2017 APR 14 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 748J958Y7

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

REHAB SPECIALISTS I, LLC

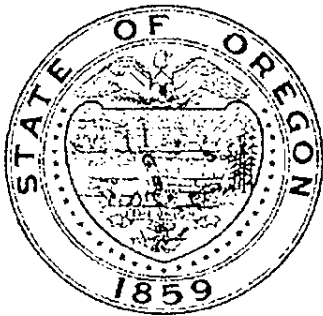
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.



A handwritten signature in cursive script, appearing to read "Dennis Richardson".

DENNIS RICHARDSON, SECRETARY OF STATE

4/12/2017

FILED  
2017 APR 14 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA