

117000004163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

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2017 MAY 16 AM 8:15  
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2017 MAY 16 PM 3:56  
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K. SALY

MAY 17 2017

**CORPORATE  
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**WALK IN**

**PICK UP:** 5/17 GLINDA

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☒ **PHOTOCOPY** \_\_\_\_\_
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- ☒ **FILING** LLC \_\_\_\_\_

1. Agility Health Rehabilitation, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AGILITY HEALTH REHABILITATION, 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:

**MICHAEL DARAY**

Name of Person

**REGISTERED AGENT SOLUTIONS, INC.**

Firm/Company

**1701 DIRECTORS BLVD., SUITE 300**

Address

**AUSTIN, TX 78744**

City/State and Zip Code

**MICHAEL.DARAY@AGILITYHEALTH.COM**

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

For further information concerning this matter, please call:

**BRITTANY HOKE**

Name of Contact Person

**888**

at ( )

Area Code

**705-7274**

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. AGILITY HEALTH REHABILITATION, 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. 35-2365599

(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. 607 DEWEY AVE, NW

(Street Address of Principal Office)

SUITE 300

GRAND RAPIDS, MI 49504

6. 607 DEWEY AVE, NW

(Mailing Address)

SUITE 300

GRAND RAPIDS, MI 49504

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

Name: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 155 OFFICE PLAZA DR., SUITE A

TALLAHASSEE

(City)

, Florida 32301

(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.

Adam Saldaña, Asst. Sec  
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MANAGER

KENNETH E. SCHOLTEN

MANAGER

607 DEWEY AVE NW, SUITE 300  
GRAND RAPIDS, MI 49504

607 DEWEY AVE NW, SUITE 300  
GRAND RAPIDS, MI 49504

(Use attachments if necessary)

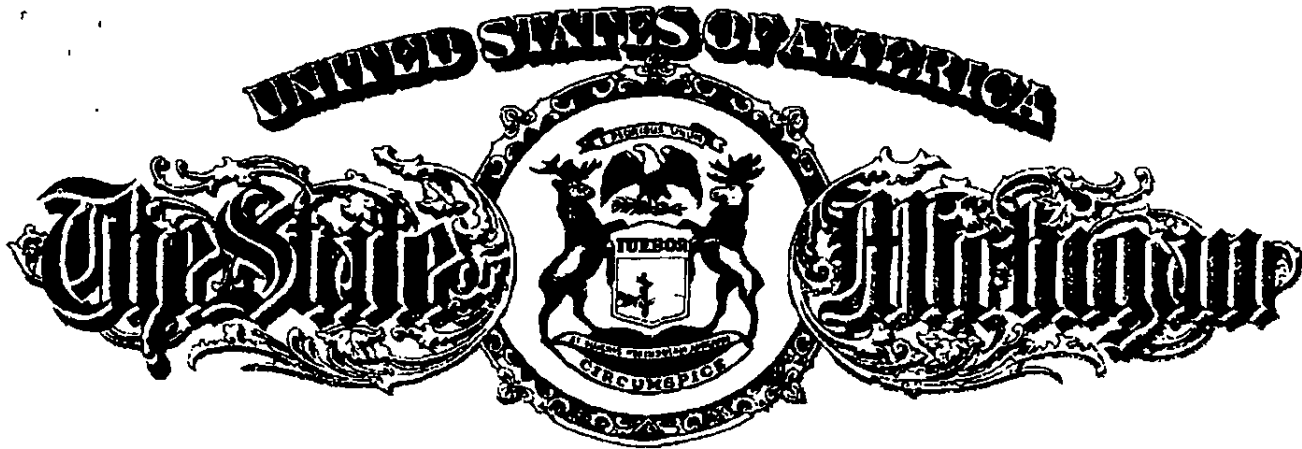
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Kenneth E. Scholten  
(Signature of an authorized person)

10. 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.

KENNETH E. SCHOLTEN

(Typed or printed name of signer)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

**AGILITY HEALTH REHABILITATION, LLC**

was validly organized on January 1, 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  
1451068

In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 16th day of May, 2017

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau

FILED  
2017 MAY 16 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA