

M18000004897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

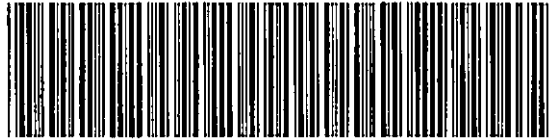
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OFFICE OF THE CLERK OF THE SUPERIOR COURT

18 MAY 18 PM 1:38

FILED

K. SALY

MAY 22 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Signature Rehab IV, 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:

Melody Shannon
Name of Person
Signature Healthcare, LLC
Firm/Company
12201 Bluegrass Parkway
Address
Louisville, KY 40299
City/State and Zip Code
mshannon@shces.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody Shannon at (502) 568-7860
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:

- \$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. Signature Rehab IV, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. N/A (111 member, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 12201 Bluegrass Parkway
(Street Address of Principal Office)

Louisville, KY 40299

6. 12201 Bluegrass Parkway
(Mailing Address)

Louisville, KY 40299

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)

18 MAY 18 PM 1:38
 DEPARTMENT OF STATE
 FILED

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.

Holly Jones
Assistant 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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>E. Joseph Steier</u> <u>12201 Bluegrass Parkway</u> <u>Louisville, KY 40299</u>	<u>COO</u>	<u>Mark Wortley</u> <u>12201 Bluegrass Parkway</u> <u>Louisville, KY 40299</u>
<u>CFO</u>	<u>John Harrison</u> <u>12201 Bluegrass Parkway</u> <u>Louisville, KY 40299</u>	<u>CFO - Rehab</u>	<u>Debra Brunet</u> <u>12201 Bluegrass Parkway</u> <u>Louisville, KY 40299</u>

(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)

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.

Sandra Adams
Signature of an authorized person

Sandra Adams, VP/General Counsel
Typed or printed name of signer

(CONTINUED)

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:

Compliance Director

Betsy Wade
12201 Bluegrass Parkway
Louisville, KY 40299

FILED
18 MAY 18 PM 1:38
SEE STAFF OF STAFF
CALL 502-572-1000

Delaware

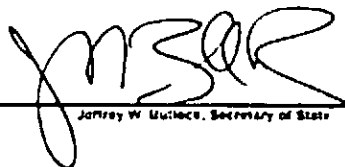
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIGNATURE REHAB IV, 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 TWENTY-THIRD DAY OF APRIL, A.D. 2018.

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18 MAY 18 PM 1:38
SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

6782742 8300

SR# 20182918087

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202560951

Date: 04-23-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2018

MELODY SHANNON
SIGNATURE HEALTHCARE, LLC
12201 BLUEGRASS PKWY
LOUISVILLE, KY 40299

SUBJECT: SIGNATURE REHAB IV, LLC
Ref. Number: W18000041192

We have received your document for SIGNATURE REHAB IV, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 318A00009054

RECEIVED
2018 MAY 18 PM 1:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA