

M21000008672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

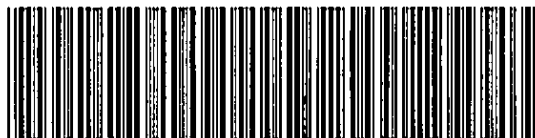
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 JUL -2 AM 10:37
TALLAHASSEE, FLORIDA

TL
7/9/21

Rehab Media Group LLC

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

June 29, 2021

Please accept the enclosed registration form for Rehab Media Group LLC, which is registered in DE.
We have included a copy of a certificate of good standing from the State of DE.

If you have any questions, please feel free to contact me via email: janice@leadcapital.com or via phone at 941.343.8617.

Thank you,

A handwritten signature in black ink that reads "Janice Muri". The signature is fluid and cursive, with the first name "Janice" being more prominent than the last name "Muri".

Janice Muri
Rehab Media Group LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rehab Media Group 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:

Janice Muri

Name of Person

Rehab Media Group LLC

Firm/Company

4134 Gulf of Mexico Dr. Suite 207

Address

Longboat Key, FL 34228

City/State and Zip Code

janice@leadcapital.com

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

For further information concerning this matter, please call:

Janice Muri

941

343-8617

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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21 JUL 21 AM 10:37
TALLAHASSEE, FLORIDA

**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 Media Goup 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. _____
(FEI number, if applicable)

4. 03/06/2020
(Date first transacted business in Florida; if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4134 Gulf of Mexico Drive
(Street Address of Principal Office)

6. 4134 Gulf of Mexico Drive
(Mailing Address)

Suite 207

Suite 207

Longboat Key, FL 34228

Longboat Key, FL 34228

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

Name: Michael Esposito

Office Address: 4134 Gulf of Mexico Dr, Suite 207

Longboat Key, Florida 34228
(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.

**Michael
Esposito**

Digitally signed by Michael
Esposito
DN: cn=Michael Esposito,
o=US, email=ap@lend.com,
Date: 2021.06.29 09:04:48
+0400

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Lead Capital, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Phoenix Global Holdings</u>
<input type="checkbox"/> Member	Address: <u>4134 Gulf of Mexico Dr.</u>	<input type="checkbox"/> Member	Address: <u>466 NE 5th Avenue</u>
<input type="checkbox"/> Authorized	<u>Suite 207</u>	<input type="checkbox"/> Authorized	<u>Delray Beach, FL 33483</u>
Person	<u>Longboat Key, FL 34228</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Michael
Esposito

Digitally signed by Michael
Esposito
DN: cn=Michael Esposito
c=US, email=ape@lead.com
Date: 2021.06.23 09:05:18 -
04'00'

Signature of an authorized person

Michael Esposito

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REHAB MEDIA GROUP 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-SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REHAB MEDIA GROUP LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2020.

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



7826723 8300

SR# 20212512366

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203499339

Date: 06-22-21