Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

4 20 HW 22 AV

Foreign Limited Liability Company LIBERTAS REHAB LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

COVER LETTER

	LIBERTAS REHAB LLC					
JBJECT:Name of Limited Liability Company						
The enclosed "Application by Foreign Existence, and check are submitted to	Limited Liability Company for Authorization to Transact Business in Florida," (register the above referenced foreign limited liability company to transact business.)	Certificate o				
Please return all correspondence conce	erning this matter to the following:					
LOVETTE DOBSO	N					
	Name of Person					
	Firm/Company					
17350 STATE HWY	Y 249 #220					
	Address					
HOUSTON, TX 770	064					
<u> </u>	City/State and Zip Code	202				
EFILE1234@INCFIL	LE.COM	2022 JUN				
l;•	mail address: (to be used for future annual report notification)	JH 2				
For further information concerning thi		2				
LOVETTE DOBSON	1 888-462-3453 日 年 at (Р <u>н</u> 5:				
Name of Co	ontact Person Area Code Daytime Telephone Number	57				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1, 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301					
Enclosed is a check for the fi	nflowing amount: o: FLORIDA DEPARTMENT OF STATE					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 665/0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(Name of Foreign)	Limited Liability Company; must include "Limited		•				
f'name unavailable, enter alternate na	ine adopted for the purpose of transacting business in Flor	ids. The alternate n	ame must include "Limited Liability C	ompany," "L L C," or "LL	(.")		
Texas		,					
Haristiction under the law of wh	ich foreign finned lubdity company is organized)	3. (FEI number, if applicable)					
·	(Date first transicted business in Florida, if poor to t (See sections 605 D964 & 605 (905, F.S. to determin	egistratum)		- ·			
7022 Boardwalk Ave	(See sections 605 D904 & new 0905, 3 8 to determine	7022 Boardwalk Ave		2022 SEC: 'ALI'			
	rincipal Office)	6	(Mailing Address)	<u> </u>	- 1		
Corpus Christi, TX 784		Corpi	us Christi, TX 78414	H 22 Lact ASSEE			
. 148 909				<u></u>	- ; ! ; ;;		
				<u> </u>	- -		
				E. 7			
7. Name and street address	is of Florida registered agent: (P.O. Box	NOT accept	able)				
Name:	LEGALINC CORPORATE SERVICE	ES INC.	_				
,	5237 SUMMERLIN COMMONS, SUITE 400						
	2201 30000000000000000000000000000000000		_				
Office Address:							
Office Address:	FORT MYERS		, Florida				

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: loseph Banlasan	Munager	Name:	
■Member	Address:	☐ Member	Address:	
Authorized	7022 Boardwalk Ave	Authorized		
Person	Corpus Cluisti, TX 78414	Person		
Other	Other	[]Other		Other
Manager	Jose Salvador Name:	Manager Manager	Name:	<u>-</u>
■ Member	Address:	Member	Address:	
∐Authorized	6117 Maximus Dr	☐ Authorized		
Person	Corpus Christi, TX 78413	Person		
Other	Other	Other		Other
Manager	Name: Martin Salazar	Manager	Name:	
■Member	Address:	Member	Address: _	
Authorized	3025 Quait Springs N4	Authorized		
Person	Corpus Christi, TX 78414	Person		
Other	Other	Other	<u>.</u>	Other
9. Attached is a cer- jurisdiction under to of the translator mu	Use an attachment to report more than six (6 s may be added to the index when filing you rifficate of existence, no more than 90 days of the law of which it is organized. (If the certifust be submitted) is executed in accordance with section 605.0 numerit to the Department of State constitutes	r Florida Department of Stand, duly authenticated by the ficate is in a foreign language 0203 (1) (b), Florida Statute	e official havi e, a translatio s. I am aware vided for in s.	ng custody of records in the it of the certificate under oath that any false information

Joseph Banfasan

Typed or printed name of signee

6/22/2022 07:27:16 CDT Page: 5/5

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

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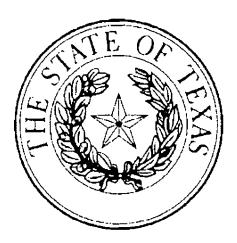
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LIBERTAS REHAB LLC (file number 801776391), a Domestic Limited Liability Company (LLC), was filed in this office on May 01, 2013.

It is further certified that the entity status in Texas is in existence

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin. Texas on June 16, 2022.



John B. Scott Secretary of State

(((H22C00212594 3)))

Phone, (512) 463-5555 Prepared by: SOS-WEB Dial: 7-1-1 for Relay Services Document: 1156600920002