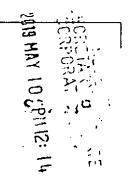


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

 \rightarrow Filing Fee. \$150.00



Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is

T. The name of the limited liability company is		
Encompass Health Rehabilitation	Hospital of Johnsto	on, LLC
Is this company organized in its state or country of formati	ion as a low-profit limited liability of	company? Yes 🗌 No 🖌
The name, if different, under which it proposes to register	and transact business in Rhode I	sland is:
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: May 7, 2019		
And the period of its duration is: CHECK ONE BOX ONL	Y	
Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in R	hode Island is:	
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memoria	l Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in	n the transaction of business in RI	hode Island are:
Rehabilitation Services.		
	Check the b	ox to indicate an attachment 🛄
	17	:14 FILED
MAIL TO:	ld	
		ΜΔΥ 1 0 2019

<u>I</u>.....

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.				
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:				
9001 Liberty Parkway, Birmingham, AL 35242				
8. The mailing address for the limited liability company is:				
9001 Liberty Parkway, Birmingham, AL 35242				
9. Management of the Limited Liability Company:				
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)				
By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
Patrick Darby	9001 Liberty Parkway, Birmingham, AL 35242			
Douglas E. Coltharp	9001 Liberty Parkway, Birmingham, AL 35242			
Barbara A. Jacobsmeyer	9001 Liberty Parkway, Birmingham, AL 35242			
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of LLC		Date		
Encompass Health Rehabilitation Hospital of Johnston, LLC		May 10, 2019		
Signature of Authorized Pereph WILLER SIGN DOCUMENT HERE				



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENCOMPASS HEALTH REHABILITATION HOSPITAL OF JOHNSTON, 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 TENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENCOMPASS HEALTH REHABILITATION HOSPITAL OF JOHNSTON, LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2019.

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



7407381 8300 SR# 20193748609 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202800909 Date: 05-10-19



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

May 10, 2019 12:14 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

