



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

May 14, 2019

1905050225

MARY COLLINS
UCC RETRIEVALS, INC.
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111

RECEIPT

RE: FIVE STAR REHABILITATION AND WELLNESS SERVICES,
LLC
ID: T033360 - 1
DCN: 19-05-14-1052

Dear Customer:

This is your receipt for \$10.00 to cover the fee for filing each attested copy of an assumed or fictitious name certificate for the above-referenced limited liability company conducting business under the following assumed or fictitious name(s):

AGEILITY PHYSICAL THERAPY SOLUTIONS AT
FREDERICKSBURG (FREDERICKSBURG CI)

This is also your receipt for \$50.00 to cover the fee(s) for expedited service(s).

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

LLFNACPT
CISBJB1



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
OFFICE OF THE CLERK
1300 E MAIN ST
RICHMOND, VA 23219
(804) 371-9733
1-866-722-2551 Toll-free in Virginia

SCC21.2
(03/19)



This form **MUST** be completed and placed on top of **EACH** document submission (so it can be readily identified as a request for expedited review and processing).

Name of Corporation or Company (etc.): (Must be typed for Email option.) FIVE STAR REHABILITATION AND WELLNESS SERVICES LLC	SCC ID No. (if known): T033360-1																		
Customer Contact Information: Name: <u>MARY COLLINS</u> Company: <u>UCC RETRIEVALS, INC.</u> Address: <u>7288 HANOVER GREEN DR</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <u>MECHANICSVILLE</u> <small>(city or town)</small> <u>VA</u> <small>(state)</small> <u>23111</u> <small>(zip code)</small> </div> Telephone: (<u>804</u>) <u>559</u> - <u>5919</u> ext _____ Email: _____ <small>(All Letters in Email Address must be CAPITALIZED.)</small>	Send Evidence of Expedited Filing By: (Choose <u>one</u>) <input type="checkbox"/> Email (Only available for Categories A, C and D) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Two typed originals of this form must be submitted for Email option. See "Return of Evidence" in the Instructions.</p> </div> <input checked="" type="checkbox"/> Hold for Pickup (Available at 4:00 p.m.) <input type="checkbox"/> First-Class Mail <input type="checkbox"/> USPS Express Mail (Prepaid envelope required.) <input type="checkbox"/> Overnight via <input type="checkbox"/> UPS <input type="checkbox"/> Fed Ex <small>(Completed waybill required. For Fed Ex, the waybill must be computer-generated with a barcode.)</small>																		
<p align="center">~~ See Information & Instructions for description of Categories. ~~</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;">Expedited Service Requested:</th> <th style="text-align: right; width: 50%;">*** Expedite Fee:</th> </tr> <tr> <td style="font-size: small;">(mark service requested)</td> <td style="font-size: small;">*** (other fees may be needed - see footnote)</td> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Category A Expedite Business Entity Document listed in Schedule A</td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> Same Day Service (Received by 10:00 a.m.)</td> <td style="text-align: right;">\$ 200</td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> Next Day Service (Received by 2:00 p.m.)</td> <td style="text-align: right;">\$ 100</td> </tr> <tr> <td><input type="checkbox"/> Category B Preliminary Review of Document listed in Schedule A (2nd Business Day Service Only - Received by 2:00 p.m.)</td> <td style="text-align: right;">\$ 50</td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> Resubmission within 30 Days of initial Pre-Review</td> <td style="text-align: right;">(N/C)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Category C Expedite Business Entity Document listed in Schedule C (Next Day Service Only - Received by 2:00 p.m.)</td> <td style="text-align: right;">\$ 50</td> </tr> <tr> <td><input type="checkbox"/> Category D Expedite Application for Reinstatement (Next Day Service Only - Received by 2:00 p.m.)</td> <td style="text-align: right;">\$ 50</td> </tr> </tbody> </table>	Expedited Service Requested:	*** Expedite Fee:	(mark service requested)	*** (other fees may be needed - see footnote)	<input type="checkbox"/> Category A Expedite Business Entity Document listed in Schedule A		<input type="checkbox"/> Same Day Service (Received by 10:00 a.m.)	\$ 200	<input type="checkbox"/> Next Day Service (Received by 2:00 p.m.)	\$ 100	<input type="checkbox"/> Category B Preliminary Review of Document listed in Schedule A (2 nd Business Day Service Only - Received by 2:00 p.m.)	\$ 50	<input type="checkbox"/> Resubmission within 30 Days of initial Pre-Review	(N/C)	<input checked="" type="checkbox"/> Category C Expedite Business Entity Document listed in Schedule C (Next Day Service Only - Received by 2:00 p.m.)	\$ 50	<input type="checkbox"/> Category D Expedite Application for Reinstatement (Next Day Service Only - Received by 2:00 p.m.)	\$ 50	FOR OFFICE USE ONLY I/O <input type="checkbox"/>
Expedited Service Requested:	*** Expedite Fee:																		
(mark service requested)	*** (other fees may be needed - see footnote)																		
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<input type="checkbox"/> Category D Expedite Application for Reinstatement (Next Day Service Only - Received by 2:00 p.m.)	\$ 50																		

*** Submit one payment for all applicable fees (e.g., charter/entrance, reinstatement, filing and expedite fees)

REVIEW THE INSTRUCTIONS BEFORE SUBMITTING THIS FORM.

HOLD FOR PICK-UP FOR

UCC RETRIEVALS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111
BETH EPSTEIN / TRACI GOODMAN / MARA-BETH LOVING / MARY COLLINS

(804) 559.5919

STATE CORPORATION COMMISSION
1300 EAST MAIN STREET
RICHMOND VA 23209-1197

May 13, 2019

NEXT DAY EXPEDITE!!

DEAR SIRs,

PURSUANT TO INSTRUCTIONS OF COUNSEL, I ENCLOSE FOR FILING ON
BEHALF OF:

FIVE STAR REHABILITATION AND WELLNESS SERVICES LLC dba AGEILITY PHYSICAL
THERAPY SOLUTIONS AT FREDERICKSBURG

ASSUMED NAME CERTIFICATE

****PLEASE RETURN (1) CERTIFIED COPY OF THE ATTACHED FILING (for
foreign entities c/c the application only!)****

CHECK(S) IN PAYMENT OF THE REQUIRED FEES ARE ENCLOSED. I WOULD APPRECIATE YOU
TELEPHONING ME AT (804) 559-5919 IF THERE IS A PROBLEM WITH THIS FILING AND TO ADVISE ME
WHEN THE EVIDENCE IS AVAILABLE TO BE PICKED UP.

THANK YOU FOR YOUR ASSISTANCE IN THIS REGARD.

SINCERELY,
MARY COLLINS

1905050225

CFN19-77

1905050225

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the [x] City [] County of Fredericksburg, VA

1. The ASSUMED OR FICTITIOUS NAME of business

Ageility Physical Therapy Solutions at Fredericksburg

2. The above business is owned by the following entity type:

[] SOLE PROPRIETORSHIP (Complete A below) [] PARTNERSHIP (Complete B below)

[x] LIMITED LIABILITY COMPANY (Complete C below) [] CORPORATION (Complete C below).

A. NAME OF OWNER

RESIDENCE ADDRESS

POST OFFICE ADDRESS

19 05 14 1052

B. NAME OF PARTNERSHIP

OFFICE ADDRESS

POST OFFICE ADDRESS

(1) Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on Page Two of Two.

(2) Is this a domestic limited partnership? [] NO [] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

(3) Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation

Commission: _____

A certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

C. NAME OF [] CORPORATION [x] LIMITED LIABILITY COMPANY

Five Star Rehabilitation and Wellness Services, LLC

OFFICE ADDRESS

400 Centre Street, Newton, MA 02458

POST OFFICE ADDRESS

(1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. Va. Code § 59.1-70.

(2) Is this a foreign corporation or a foreign limited liability company? [] NO [x] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State

Corporation Commission: 2/20/07

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship _____

NAME OF OWNER

SIGNATURE OF OWNER

Partnership _____

NAME OF GENERAL PARTNER

SIGNATURE OF GENERAL PARTNER

Corporation _____

NAME OF PRESIDENT

SIGNATURE OF PRESIDENT

Limited Liability Company Lisa J. Cooney, Senior Vice President of FSQ, Inc., the sole member

NAME OF MEMBER/MANAGER

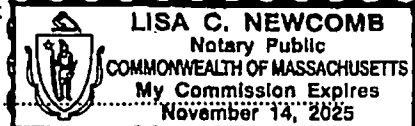
SIGNATURE OF MEMBER/MANAGER

[] City [x] County of Middlesex State/Commonwealth of Massachusetts

Subscribed and acknowledged before me, this 1st day of May, 2019

by USA J Cooney Senior Vice President of FSQ, Inc member

NAME



[] CLERK/DEPUTY CLERK [x] NOTARY PUBLIC

Registration No. _____

My commission expires

CLERK'S OFFICE

Filed in the Clerks' Office of the FREDERICKSBURG

Circuit Court on 5-8-19 DATE

JEFF SMALL, Clerk by

Deputy Clerk

BY: [Signature] DEPUTY CLERK DATE: 5/8/19 VIRGINIA, FREDERICKSBURG CITY CIRCUIT COURT A [Signature] TESTE: JEFF SMALL, CLERK