

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Office of the Clerk

May 14, 2019

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



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



This form <u>MUST</u> be completed and placed on top of <u>EACH</u> 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.) SCC ID No. (if known):				
FIVE STAF	R REHABILITATION AND WELLNESS SERV	T033360-1		
Customer Contact Information: MARY COLLINS Name: Send Evidence of Expedited Filing By: (Choose one)				
UCC RETRIEVALS, INC. Company:		Email (Only available for Categories A, C and D) Two typed originals of this form must be submitted for Email option. See "Return of Evidence" in the Instructions.		
Address: MECHANICSVILLE VA 23111 (city or town) (state) (zip code) Record (state) (zip code) First-Class Mail				
Telephone: () ext USPS Express Mail (Prepaid envelope required.)				
Email: (All Letters in Email Address must be CAPITALIZED.) Overnight via UPS Fed Ex (Completed waybill required. For Fed Ex, the waybill must be computer-generated with a barcode.)				
~~ See Information & Instructions for description of Categories. ~~ FOR OFFICE USE ONLY				
Expedited Service Requested: (mark service requested) *** Expedit *** (other fees may be needed – see foote				
Category A	Expedite Business Entity Document listed in Schedules Same Day Service (Received by 10:00 a.m.) Next Day Service (Received by 2:00 p.m.)	ule A \$ 200 \$ 100		
Category B	Preliminary Review of Document listed in Schedule (2 nd Business Day Service Only – Received by 2:00) p.m.)		
✓ Category C	Resubmission within 30 Days of initial Pre-Review Expedite Business Entity Document listed in Schedu (Next Day Service Only – Received by 2:00 p.m.)	, ,		
Category D	Expedite Application for Reinstatement (Next Day Service Only – Received by 2:00 p.m.)	\$ 50	1/0	

^{***} Submit one payment for <u>all</u> applicable fees (e.g., charter/entrance, reinstatement, filing <u>and</u> expedite fees)

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

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Vir	ginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or remanaced business under an assumed or fictitious name in the [**] City [**] County of		, , , , , , , , , , , , , , , , , , ,				
1. The ASSUMED OR PICTITIOUS NAME of business Ageilty Physical Therapy Solutions at Fredericksburg 2. The above business is owned by the following entity type: [] SOLE PROPRIETORSHIP (Complete & below) [] PARTYERSHIP (Complete & below) [] LIMITED LIABILITY COMPANY (Complete & below) [] ORORORATION (Complete & below). A. NAME OF OWNER RESIDENCE ADDRESS POST 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. 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. OFFICE ADDRESS POST OFFICE ADDRESS [1] Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certificate onto the field with the State Corporation Commission. Va. Code § 59.1-70. OFFICE ADDRESS Accident of the Composition of Virginia issued by the State Corporation Commission. Va. Code § 59.1-70. NAME OF [] CORPORATION [] LIMITED LIABILITY COMPANY Five Star Rehabilitation and Wellness Services, LLC 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 [M YES. If YES, indicate the date of the certificate of undorthylregistration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission. Va. Code § 59.1-70. (2) Is this a foreign corporation or a foreign limited liability company? [] NO [M YES. If YES, indicate the date of the certificate of undorthylregistration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission. Va. Code § 59.1-70. OFFICE ADDRESS (1) A corporation or limited liability company? [] NO [M YES. If YES, indicate the date of the certificate of undorthylregistration to transact business in the Commonwealth of Virginia issued by the State Corporatio						
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2. The above business is owned by the following entity type: [] SOLE PROPRIETORSHIP (Complete A below) [] PARTINERSHIP (Complete B below) [a] LIMITED LIABILITY COMPANY (Complete C below) [] CORPORATION (Complete C below). A NAME OF OWNER. RESIDENCE ADDRESS POST OFFICE ADDRESS [1] Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on Page Two of Two. (3) Is this a foreign 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. A certified copy of this certificate must be filed with the State Corporation Commission. Five Star Rehabilitation and Wellness Services, LLC OFFICE ADDRESS POST OFFICE ADDRESS POST OFFICE ADDRESS POST OFFICE ADDRESS POST OFFICE ADDRESS (1) A corporation of 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 [M] 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. Va. Code § 59.1-70. 1 Certify that the foregoing is true and correct to the best of my knowledge and belief. Sole Proprietorship NAME OF GENERAL PARTNER SIGNATURE OF MENDIERMANAGER NAME OF GENERAL PA		ASSUMED OR FICTITIOUS NAME of business Ageility Physical Therapy	Solutions at Fredericksburg			
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NAME OF GENERAL PARTNER SIGNATURE OF GENERAL PARTNER Corporation NAME OF PRESIDENT Lisa J. Cooney, Senior Vice President Company NAME OF MEMBERMANAGER SIGNATURE OF PRESIDENT SIGNATURE OF PRESIDENT SIGNATURE OF MEMBERMANAGER Massachusetts SIGNATURE OF MEMBERMANAGER SIGNAT	Sole Pro	prietorship	SIGNATURE OF OWNER			
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Company Of FSQ, lies, the sole member NAME OF MEMBERMANAGER Signature of Membermanager Massachusetts State/Commonwealth of Massachusetts Subscribed and acknowledged before me, this day of SCOON VICE Mident, OF FSQ, Inc. Member of Massachusetts NAME LISA C. NEWCOMB Notary Public COMMONWEALTH OF MASSACHUSETTS My commission expires November 14, 2025 CLERK'S OFFICE Filed in the Clerks' Office of the REDER TOKSBURG DATE DATE	I imited	w 1 2 444.	SIGNATURE OF PRESIDENT			
Subscribed and acknowledged before me, this day of Subscr		of FSQ, Inc., the sole member				
Subscribed and acknowledged before me, this day of SCOUNTIES SOURCE SCOUNT		NAME OF MEMBERMANAGER Middlesey				
My commission expires CLERK'S OFFICE Filed in the Clerks' Office of the COMMON SERVICE SETUDY VICE President OF FSO JAY Member 14, 2025 CITCUIT COURT ON SERVICE CANALLY DATE		131	te/Commonwealth of Wassachuseus 29.10			
Notary Public COMMONWEALTH OF MASSACHUSETTS My Commission expires My Commission Expires November 14, 2025 CLERK'S OFFICE Filed in the Clerks' Office of the REDER TCKSBURG Circuit Court on DATE	Subscrib by U	50. J Cooney Servici Vic	e President, of FSQ Inc member			
DATE - AND DATE	CLEDE	Notary Public Commonwealth of Massachusetts My Commission Expires November 14, 2025	Registration No.			
, Clerk by June from Deputy Clerk	20	FF SMALL , Clerk by				