

F19000004095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W190000078583

Office Use Only



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FILED
2019 AUG 30 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

SEP 07 2019





FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2019

COREY MARK SCLAR
30 N. GOULD ST.
STE:R
SHERIDAN, WY 82801

SUBJECT: AMERICAN REGENERATIVE TRAINING AND THERAPY CENTER,
LLC
Ref. Number: W19000078583

We have received your document for AMERICAN REGENERATIVE TRAINING AND THERAPY CENTER, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

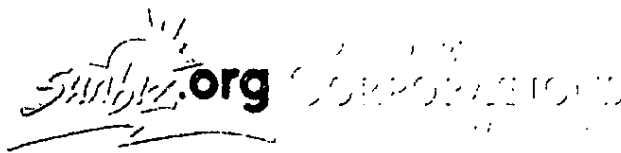
Yvette Scott
Document Specialist II

Letter Number: 219A00017542

8/28/2019

Detail by Entity Name

DIVISION OF CORPORATIONS



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Rejected Filing

AMERICAN REGENERATIVE TRAINING AND THERAPY CENTER, LLC

Filing Information

Document Number W19000078583
Filed Date 08/24/2019
Expire at Usual Time Y
Penalty Fee 00.00
Associated Document Number
Document Type
Filed By COREY MARK SCLAR
30 N. GOULD ST.
STE:R
SHERIDAN, WY 82801

Document Images

No Images are available for this filing.

8/27/2019 We spoke with
your office and instructed
us on the changes required.
Please see enclosed documents
with the corrections.
Thank you in advance
Cory M. Sclar
954-274-9455

2019 AUG 30 PM 3:25
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

FILED

RECEIVED
AUG 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Regenerative Training and Therapy Center, LLC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Corey Mark Sclar / Gary Chandler

Name of Person

American Regenerative Training and Therapy Center, LLC

Firm/Company

30 N Gould St, Ste R

Address

Sheridan, WY 82801

City/State and Zip code

markscclar@gmail.com

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

For further information concerning this matter, please call:

Corey Mark Sclar

954

274-9544

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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2019 AUG 30 PM 3:25
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. American Regenerative Training and Therapy Center, Co
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wyoming 3. 84-2266613
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/01/19 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 08/19/19
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 30 N Gould St, Ste R, Sheridan, WY 82801
(Principal office address)
- _____
(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

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

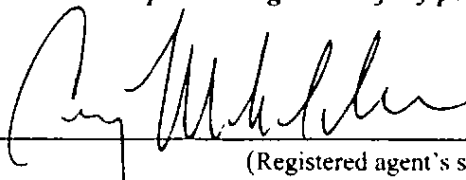
Name: Corey Mark Sclar

Office Address: 4611 S University Drive, Suite 512

Davie, Florida 33328
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.


(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Corey Mark Sclar

Address: 4611 S University Drive, Suite 512

Davie, Florida 33328

Vice Chairman: Gary Chandler

Address: 4611 S University Drive, Suite 512

Davie, Florida. 33328

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Corey Mark Sclar - Chairman

(Typed or printed name and capacity of person signing application)

FILED
2019 AUG 30 PM 3:25
STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

American Regenerative Training and Therapy Center, LLC

is a
Limited Liability Company


formed or qualified under the laws of Wyoming did on **July 1, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000863781**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of August, 2019 at 1:23 PM. This certificate is assigned 032417426.

FILED
19 AUG 30 PM 3:25
CLINTON COUNTY
FLORIDA
STATE




Secretary of State