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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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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.

(Enter name of co	rporation; must include "INCORPORATE! orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPO	PRATION,"
(If name unavaila	ble in Florida, enter alternate corporate nan	ne adopted for the purpose of t	ransacting buşinçss in Horida)
Delaware		84-1754732	APR
State or country	under the law of which it is incorporated)	(FEI num	ber, if applicable) 2
04/13/2019		5	eri-
(Date	of incorporation)	(Date of duration	i, if other than perpetual)
	treet; Suite 825; Minnenpolis, MN 55402 (Prii	ncipal office address)	
<u> </u>	(Current ma	niling address, if different)	
	et address of Florida registered agent: (C T Corporation System	P.O. Box <u>NOT</u> acceptable)
Name:		P.O. Box NOT acceptable)
	C T Corporation System	P.O. Box NOT acceptable	

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.

, CT Corpo	oration System	
By Stephane Honey	assistant secretary	
((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.

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11. Name	s and business addresses of officers and/or directors:
A. DIRE	
Chairman:	Monika Roots V
Address:	150 South Fifth Street; Suite 825; Minneapolis, MN 55402
_	
_	N/A
Vice Chair	man:
Address: _	7 <u>7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 </u>
Director:	N/A 22 TT
·	SEE
Audress:	
-	N/A 50
Director:	
Address:	
B. OFFI	Monika Roots V
Address:	150 South Fifth Street: Suite 825: Minneapolis, MN 55402
Vice Presi	N/A dent:
Address:	
	Brian Sauer V
Sceretary:	150 South Fifth Street; Suite 825: Minneapolis, MN 55402
Address:	
Treasurer	
Address:	150 South Fifth Street: Suite 825; Minneapolis, MN 55402
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
۔۔ سر	de feb
	Signature of Director or Officer
are true a a third de	ter or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S.
13. Mor	ika Roots, President
	(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SANVELLO BEHAVIORAL HEALTH SERVICES,

P.A." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF THE APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202800742

Date: 04-21-20