

5/5/2020

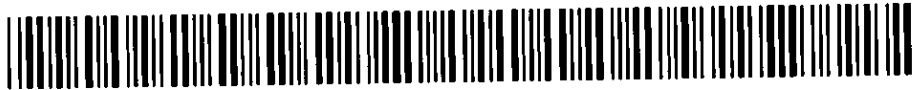
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Recover Together, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED
2020 MAY -5 PM 3:58

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Corporate Filing Menu

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**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. Recover Together, Inc.

(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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/9/15 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2020 Kingsley Ave, Suite 3 Orange Park FL 32073
(Principal office address)

3 Burlington Woods Dr, Suite 301 Burlington MA 01803
(Current mailing address, if different)

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg , Florida 33702
(City) (Zip code)

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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.

Tom Glover Northwest Registered Agent LLC
Tom Glover - 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.

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

A. DIRECTORS

Chairman: *SEE ATTACHED*

Address: _____

Vice Chairman: *SEE ATTACHED*

Address: _____

Director: *SEE ATTACHED*

Address: _____

Director: *SEE ATTACHED*

Address: _____

B. OFFICERS

President: *SEE ATTACHED*

Address: _____

Vice President: *SEE ATTACHED*

Address: _____

Secretary: *SEE ATTACHED*

Address: _____

Treasurer: *SEE ATTACHED*

Address: _____

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

12. Gregg E. Fairbrothers
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. Gregg Fairbrothers, President
(Typed or printed name and capacity of person signing application)

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

TITLE:President, Secretary, Treasurer, Director

NAME: Gregg Fairbrothers

ADDRESS:

3 Burlington Woods Dr, Suite 301
Burlington, MA 01803

TITLE:Director

NAME: Steve Kahane

ADDRESS:

3 Burlington Woods Dr, Suite 301
Burlington, MA 01803

TITLE:Director

NAME: Jeffrey DeFlavio

ADDRESS:

3 Burlington Woods Dr, Suite 301
Burlington, MA 01803

TITLE:Director

NAME: Thomas Cooper

ADDRESS:

3 Burlington Woods Dr, Suite 301
Burlington, MA 01803

TITLE:Director

NAME: Steve Kraus

ADDRESS:

3 Burlington Woods Dr, Suite 301
Burlington, MA 01803

TITLE:Director

NAME: Jared Kesselheim

ADDRESS:

3 Burlington Woods Dr, Suite 301
Burlington, MA 01803

TITLE:Director

NAME: Stuart Ellman

ADDRESS:

3 Burlington Woods Dr, Suite 301
Burlington, MA 01803

TITLE:Director

NAME: Tom McLellen

ADDRESS:

3 Burlington Woods Dr, Suite 301
Burlington, MA 01803

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RECOVER TOGETHER, INC." 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 THIRTIETH DAY OF 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 SAID "RECOVER TOGETHER, INC." WAS INCORPORATED ON THE NINTH DAY OF OCTOBER, A.D. 2015.

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

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A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

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SR# 20203298425

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202852634

Date: 04-30-20