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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. Mindful Therapy	Group, P.C. Juc			
	orporation; must include "INCORPORATED." " orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATIO	N,"	
Mindful Therapy	Group of Florida Inc.			
(If name unavaila	able in Florida, enter alternate corporate name ado	opted for the purpose of transactir	ig business in Florida)	
2. Washington	3			
	y under the law of which it is incorporated)	(FE1 number, if applicable)		
4 10/19/2010	5			
(Date	of incorporation) 5	(Date of duration, if other than perpetual)		
1				
. <u> </u>	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liabil	ity)	
7. 7901 4th St N STI	E 300 St. Petersburg FL 33702			
· · · · ·	(Principal office	street address)		
7901 4ւհ Տւ N ST	E 300 St. Petersburg FL 33702			
	(Current mailing :	iddress, if different)		
8. Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	2024 SEC	
Name:	Northwest Registered Agent LLC			
Office Address:	7901 4th St N STE 300	_	2024 JAN TO SECRETARY	
	St. Petersburg	. Florida 33702		
	(City)	(Zip code)	ာင္က မွ 🂭	
9. Registered av	ent ^a 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.

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A. DIRECTORS					
ШСавитива	Nume: Crain, Derek	DChairman	Name: Crain, Jessica		
□Vice Chairman	Address: 6505 216th St SW Sie 100	EVice Chairman	Address: 6505 216In St SW Ste 100		
Director	Mountiake Terrace WA 98043	Director	Mounllake Terrace WA 98043		
President		□Pres:dent			
⊔Vice President		⊡Vice President			
OSecretary	CTrensurer	ElSectetary	Treasurer		
Other	Qther	DUther	Other		
Chauman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		CDirector			
EPresident		E President			
DVice President		□Vice President			
Scoretary	L. I Treasurer	Secretary			
00ther					
Chairman	Νиαне:	Chairman	Nune		
🗆 Vice Chairman	Address:	🗌 Vico Chairman	Address:		
Director		Director			
President		President	· ·· ···		
[] Vice President		DVice President			
Secretary	Treasurer	L_Secretary	[] heasurer		
⊔Other		I⊒Ωth a r	Other		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when tiling your Florida Department of State Annual Report form

Signature of Director or Officer --'X 12. _____

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein me true and that he or she is awate that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in-6.817.155. F.S.

13. DEVEK CVAIN, PYZSident (Typed or printed name and capacity of person signing application)

1/9/2024 11:37:22 PST

Fax: 813436



I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

MINDFUL THERAPY GROUP, P.C.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/19/2010.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/13/2023 UBI Number: 603 057 459



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 12/13/2023