1110200001687

TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: Neurohealth Center of Florida, L.L.C.

(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", 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:

Sean Bogle, Esq.	1000055017015
(Name of Person)	
Law Office of Sean Bogle, P.A.	
(Firm/Company)	Mes - H
Post Office Box 151358	- <u> </u>
(Address)	
Altamonte SPrings, FL 32715	·
(City/State and Zip code)	· · · ·
For further information concerning this matter, please call:	1000055017015 -06/27/0201045008 *****55.00 *****55.00
Sean Bogle, Esq. at (407) 834-3311 (Name of Person) (Area Code & Daytime To	elephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

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

W02-14291 JUBRYAN MAY 1 6 2002

J. BRYAM JUN 2 7 2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

May 16, 2002

SEAN BOGLE, ESQ. PO BOX 151358 ALTAMONTE SPRINGS, FL 32715

SUBJECT: NEUROHEALTH CENTER OF FLORIDA, L.L.C.

Ref. Number: W02000014291

We have received your document for NEUROHEALTH CENTER OF FLORIDA, L.L.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

We retained your certificate from Arizona in our office.,

Please return the original and one copy of 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) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 202A00031408

SVNB1Z.0126

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

DAT A	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A ROREIGN / ".
	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Neurohealth Center of Florida, L.L.C. (Name of foreign limited liability company) Arizona 3. 03-0424282
	(Name of foreign limited liability company)
2.	Arizona 3. 03-0424282 3. 03-0424282
<u>(</u> ;	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4.	April 12, 2002 5. Perpetual
	April 12, 2002 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	April 22, 2002 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7.	106 Forest Avenue, Altamonte Springs, Florida 32701
•	(Street address of principal office)
0	If limited liability company is a manager-managed company, check here XX
υ	minited hability company is a manager-managed company, check here <u>k.</u>
9. <i>'</i>	The name and usual business addresses of the managing members or managers are as follows:
	Adrian E. Quevedo, 205 Cherry Hill Circle, Longwood, FL 32779
	Adrian E. Quevedo, 205 Cherry Hill Circle, Longwood, FD 32775
	Jackie L. Williamson, M.D., 11024 N. 28th Drive, Suite 200
	Phoenix, AZ 85029
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	translation of the certificate under oath of the translator must be submitted.)
11	Natura of hyginaga or mymagag to be applyinged in Disuits.
тт.	Nature of business or purposes to be conducted or promoted in Florida:
_	Provision of neurofeedback and educational services
	Maine
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
	an affirmation under the penalties of perjury that the facts stated herein are true.)
	Adrian E. Quevedo
	Typed or printed name of signer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

S, STATE OF SOR MAIL AND A STATE OF THE STAT PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Neurohealth Center of Center, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Sean F. Bogle, Esq. (Name) 706 Turnbull Avenue, Suite 203 Florida street address (P.O. Box NOT ACCEPTABLE) Altamonte Springs, Florida 32701 (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

\$ 100.00 Filing Fee for Application

\$ 25.00 **Designation of Registered Agent**

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional) 5.00

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

NEUROHEALTH CENTER OF FLORIDA, L.L.C.
a domestic limited liability company organized under the laws
state of Arizona, did organize on the 15th day of April 2002.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. 29-601 Et. Seq, the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 25th Day of April, 2002, A. D.

EXECUTIVE SECRETARY

Extendo Bogo

