

M1500 0001055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

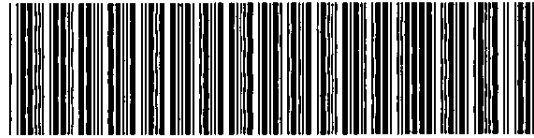
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS
15 JAN 30 AM 11:01
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

5/2/15
263

15 JAN 30 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 11 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2015

CSC
ATTN: COURTNEY WILLIAMS

SUBJECT: TREATMENT CONCEPTS, LLC
Ref. Number: W15000007219

We have received your document for TREATMENT CONCEPTS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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.

Tim Burch
Regulatory Specialist II

Letter Number: 115A00002008

ACCOUNT NO. : I20000000195

REFERENCE : 478035 5015571

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : January 26, 2015

ORDER TIME : 12:05 PM

ORDER NO. : 478035-005

CUSTOMER NO: 5015571

FOREIGN FILINGS

NAME: TREATMENT CONCEPTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Treatment Concepts, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Eloy Paez

Name of Person

Treatment Concepts, LLC

Firm/Company

2901 Stirling Road, Suite 300

Address

Ft. Lauderdale, FL 33312

City/State and Zip Code

eloypaez1@gmail.com

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

For further information concerning this matter, please call:

Eloy Paez

Name of Contact Person

786

Area Code

547-9766

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



February 9, 2015

Corporation Service Company
Attn: Janet Budhu
1180 Avenue of the Americas, Suite 210
New York, NY 10036

RE: Treatment Concepts, LLC
Qualification Filing

Dear Ms. Budhu:

The purpose of this letter is to notify you that Treatment Concepts, LLC, a Delaware limited liability company (recently converted from a Florida limited liability company) and Treatment Concepts Incorporated, a Florida corporation, are associated entities and share the same principal. I, Eloy Paez, am the managing member of Treatment Concepts, LLC and I am the President of Treatment Concepts Incorporated.

Please let me know if you need any further information in regards to the application to register Treatment Concepts, LLC as a foreign limited liability company to transact business in Florida. I appreciate your assistance with this matter.

Respectfully,

Eloy Paez
Managing Member
Treatment Concepts, LLC

11 FEB
15 JAN 30 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Treatment Concepts, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

3. 46-2355544

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. Upon Qualification

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2901 Stirling Road, Suite 300

Ft. Lauderdale, FL 33312

(Street Address of Principal Office)

6. 2901 Stirling Road, Suite 300

Ft. Lauderdale, FL 33312

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Eloy Paez, Manager

2901 Stirling Road, Suite 300

Ft. Lauderdale, FL 33312

8. 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)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Eloy Paez

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Treatment Concepts, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Corporation Service Company

(Name)

1201 Hays Street

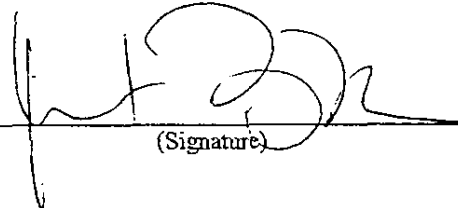
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

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 605, Florida Statutes.



(Signature)

Janet Budhu, Asst. Vice President

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

15 JAN 30 AM 8:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TREATMENT CONCEPTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREATMENT CONCEPTS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
15 JAN 30 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5678928 8300

150098226



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2068116

DATE: 01-26-15