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1. Nashville Recovery Services, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. NASHVILLE RECOVERY SERVICES, 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. TENNESSEE

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

3. 47-3544487

(FEI number, if applicable)

4. March 31, 2015

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

5. 1909 BEACH BLVD, STE 202

JACKSONVILLE BEACH, FLORIDA 32250

(Street Address of Principal Office)

6. 1909 BEACH BLVD, STE 202

JACKSONVILLE BEACH, FLORIDA 32250

(Mailing Address)

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

John H. Hanan, Manager; Kyle Marcotte, Manager

1909 Beach Blvd, Ste 202, Jacksonville Beach, FL 32250

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.)

Sidney S. Simmons, II

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:

**NASHVILLE RECOVERY SERVICES, 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:

**Sidney S. Simmons, P.L.**

(Name)

**1050 Riverside Avenue**

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

**Jacksonville**

**FL 32204**

City/State/Zip

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*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)

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



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**SIDNEY SIMMONS**  
1050 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

March 27, 2015

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0157635

**Issuance Date:** 03/27/2015  
**Copies Requested:** 1

**Document Receipt**

**Receipt #:** 001947864 **Filing Fee:** \$22.25  
**Payment-Credit Card - State Payment Center - CC #:** 161508875 **\$22.25**

**Regarding:** Nashville Recovery Services, LLC  
**Filing Type:** Limited Liability Company - Domestic **Control #:** 793629  
**Formation/Qualification Date:** 03/26/2015 **Date Formed:** 03/26/2015  
**Status:** Active **Formation Locale:** TENNESSEE  
**Duration Term:** Perpetual **Inactive Date:**  
**Business County:**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Nashville Recovery Services, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*

Tre Hargett  
Secretary of State

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