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# **COVER LETTER**

TO:	tegistration Section livision of Corporations	
SUBJI	JTP Local, LLC	
50401	Name of Limited Liability Company	
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifi and check are submitted to register the above referenced foreign limited liability company to transact business in l	
Please	irn all correspondence concerning this matter to the following:	
	Tiphanie McAfee	
	Name of Person	
	JTP Local, LLC	
Firm/Company		
2655 Northwinds Parkway		
Address		
	Alpharetta, GA 30009	
	City/State and Zip Code	
	tmcafee@jacksonhealthcare.com	
	E-mail address: (to be used for future annual report notification)	
For fu	r information concerning this matter, please call:	
	Fiphanie McAfee 678 992-1269	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	is a check for the following amount:  \$\B\$\$ \$125.00 \text{ Filing Fee}  \B\$\$ \$130.00 \text{ Filing Fee} &  \B\$\$ \$155.00 \text{ Filing Fee} &  \B\$\$ \$160.00 \text{ Filing Fee, Certificate of Status}  \text{Certified Copy}  \text{of Status & Certified Copy}  \text{of Status & Certified Copy}	ite

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: JTP Local, 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.") 3. 81-4364090 Georgia (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2655 Northwinds Parkway Alpharetta, GA 30009 (Street Address of Principal Office) 2655 Northwinds Parkway Alpharetta, GA 30009 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Stroct Office Address: Tallahassee Florida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the ubove stated limited liability company 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 complywith 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 registeres Linda Snook Assistant VP (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jackson Therapy Partners Holdings, LLC, Member 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

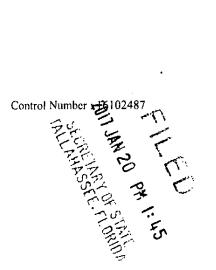
Douglas B. Kline, CFO of Jackson Therapy Partners Holdings, LLC (Member)

Signature of an authorized person

# STATE OF GEORGIA

**Secretary of State** 

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## JTP Local, LLC

### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction

Print Data
Form Number

: 13805755

: 10/28/2016 : Georgia

:01/12/2017

:211



Brian P. Kemp Secretary of State