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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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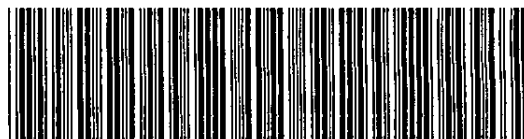
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Special Instructions to Filing Officer:

W17-31679 cns

Office Use Only



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2017 APR 27 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY -1 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RECOVERY WORKS HEALING CENTER 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:

RICHARD CONFER

\_\_\_\_\_  
Name of Person

RECOVERY WORKS HEALING CENTER, LLC

\_\_\_\_\_  
Firm/Company

100 ELMWOOD PARK DR SUITE 201

\_\_\_\_\_  
Address

DAYTON OHIO 45449

\_\_\_\_\_  
City/State and Zip Code

RICHARD@RECOVERYWORKSHEALINGCENTER.COM

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

For further information concerning this matter, please call:

RICHARD CONFER

937

609-8676

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

**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:

1. RECOVERY WORKS HEALING CENTER, 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. OHIO 3. 47-2278588  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

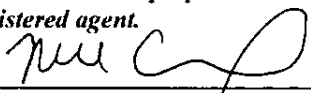
5. 100 ELMWOOD PARK DR SUITE 201  
DAYTON OHIO 45449  
(Street Address of Principal Office)

6. \_\_\_\_\_  
\_\_\_\_\_  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: RICHARD CONFER  
Office Address: 5601 DEL RIO CT  
CAPE CORAL, Florida 33904  
(City) (Zip code)

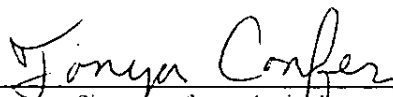
**Registered agent's acceptance:**

*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 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
TONYA CONFER MANAGING MEMBER  
100 ELMWOOD PARK DR SUITE 201  
DAYTON OHIO 45449

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)

  
\_\_\_\_\_  
Signature of an authorized person

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.

TONYA CONFER  
\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
**2011 APR 27 PM 2:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

FILED  
2017 APR 27 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RECOVERY WORKS HEALING CENTER LLC, an Ohio For Profit Limited Liability Company, Registration Number 2340690, was organized within the State of Ohio on November 5, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 21st day of April, A.D. 2017.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201711102798



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2017

RICHARD CONFER  
RECOVERY WORKS HEALING CENTER, LLC  
100 ELMWOOD PARK DR, STE. 201  
DAYTON, OH 45449

SUBJECT: RECOVERY WORKS HEALING CENTER, LLC  
Ref. Number: W17000031679

2017 APR 27 PM 3:28  
TALLAHASSEE, FL 0600

We have received your document for RECOVERY WORKS HEALING CENTER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 617A00007051