

MT000008ZS6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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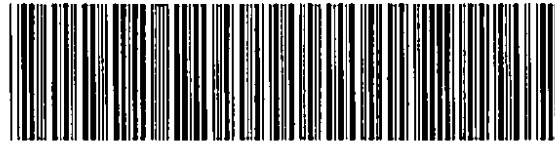
(Business Entity Name)

(Document Number)

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D SCOTT
SEP 27 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elan Recovery & Wellness of NPB, 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:

Jacqueline Bain

Name of Person

The Florida Healthcare Law Firm

Firm/Company

909 SE 5th Avenue, Suite 200

Address

Delray Beach, FL 33444

City/State and Zip Code

jackie@floridahealthcarelawfirm.com

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

For further information concerning this matter, please call:

Jacqueline Bain

561

455-7700

at ()

Name of Contact Person

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. Elan Recovery & Wellness of NPB, LLC

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

2. Delaware

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

3. _____

(FEI number, if applicable)

4. Date of Registration

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

5. 741 US Highway 1

(Street Address of Principal Office)

North Palm Beach, Florida 33408

6. 741 US Highway 1

(Mailing Address)

North Palm Beach, Florida 33408

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: The Florida Healthcare Law Firm

Office Address: 909 SE 5th Avenue, Suite 200

Delray Beach

(City)

Florida 33444

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MGR

Elan Recovery & Wellness, LLC

741 US Highway 1

North Palm Beach, FL 33408

(Use attachments if necessary)

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)

10. 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.

(Signature of an authorized person)

Michael Munter, Authorized Person

(Typed or printed name of signer)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELAN RECOVERY & WELLNESS OF NPB, 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 THIRTIETH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELAN RECOVERY & WELLNESS OF NPB, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6526697 8300

SR# 20175960136

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

Authentication: 203146078

Date: 08-30-17