

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 12C160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
IMPACT BEHAVIORAL COUNSELING, LLC

Certificate of Status	0
Certified Copy	1
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2017 NOV -8 AM 2:59
FILED
17 NOV -8 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN
NOV 09 2017

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

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Impact Behavioral Counseling, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 38-4013585 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 631.0904 & 643.0903, F.S. to decrease pecuniary liability)

5. 2911 Turtle Creek Blvd Suite 1240 Dallas, Texas 75219 (Principal Address of Principal Office) 6. 2911 Turtle Creek Blvd Suite 1240 Dallas, Texas 75219 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Fl Tallahassee, Florida 32301 (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. Kim Tadlock, Assistant Secretary on behalf of Capitol Corporate Services, Inc. (Registered agent's signature)

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include Scott Olson, Daniel Boeckman, Brent E. Boyott, Gregory Greene.

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.817.135, F.S.

Signature of an authorized person: Scott Olson, Manager (Typed or printed name of signer)

FILED 17-NOV--8--AM 10:44 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMPACT BEHAVIORAL COUNSELING, 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 EIGHTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPACT BEHAVIORAL COUNSELING, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2016.

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



J. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20176894376

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

Authentication: 203538304

Date: 11-08-17