M18000003167

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only



900311233439

04/03/18--01012--001 **125.00

2010 APR -3 AM ID 21
2010 APR -3 AM ID 21
2010 APR -3 AM ID 21

APROA 2019 J. HARRIS 2110 APR -3 AM BO 44

CORPORATE

ACCI INC	236 East 6th Av	enue. Tallahassee, Florida 32303 (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666		
WALK IN PICK UP: 4/2/18				
CE	RTIFIED COPY	i		
У РН	ОТОСОРУ	()		
Cu	s			
⊠ FII	LING	Foreign		
<u>REC</u>	OVERY BRANDS, LLC ATENAME AND DOCUMENT#)	<u> </u>		
·	, and the second			
(CORPOR	ATE NAME AND DOCUMENT #)			
(CORPOR	ATE NAME AND DOCUMENT #)			
(CORPOR	ATE NAME AND DOCUMENT #)			
(CORPOR	ATE NAME AND DOCUMENT #)			
(COM ON)				
(CORPOR.	ATE NAME AND DOCUMENT #)			
IAL RUCTIONS:				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS NUBARITED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA

Recovery Brands, LLC (Name of Foreign	Limited Liability Company, must include "Limites	Liability Company," "L. L.C.," or "LLC.")		
		11		
	name adopted for the purpose of transacting business in Flor	nda. The alternate name imist include "Limited Liabi	hay Company," "I. L.C," or "LLC ")	
2 California		3. 80-0768920		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI numbe	r, if applicable)	
1 .				
·	(Date first immencted business in Florida, if prior to a (See sections 60% (PBM & 60% 090%, F.S. to determine	contrainty		
517 Ath Assaula	(See seemble out them to out replie, also to peremit			
5 517 4th Avenue (Street Address of Principal Office)		6. 200 Powell Place (Mailing Address)		
Suite 202	, in the same of t	c/o Legal Department	•••	
San Diego, California	92101	Brentwood, Tennessee 3702	27 🙄 😭	
541 15/6g5, Carriornia	72101	Themwood, Telliesace 3702		
_			5.5 🚘 T	
 Name and street address 	ss of Florida registered agent: (P.O. Box	<u>VOT</u> acceptable)	70 seems	
Name:	Registered Agent Solutions, Inc.		SSE L	
Office Address:	155 Office Plaza Drive, Suite A			
	Tallahassee	: 121.021da 32301	55 o g 🖑	
	(Ling)		——————————————————————————————————————	
Taving been named as re lesignated in this applica o comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper	registered agent and <mark>agree</mark> to act li	iability company at the place this capacity. I further ag	
Having been named as re lesignated in this applica o comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the popointment as	registered agent and agree to act li and complete performance of my di	iability company at the place this capacity. I further ago ties, and I am familiar with	
Taving been named as re lesignated in this applica o comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper	registered agent und agree to act luund complete performance of my du Adam Saldana, Asst. Secret	iability company at the place this capacity. I further ago ties, and I am familiar with	
Having been named as re designated in this applica o comply with the provisi and accept the obligation	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regulated agent's sa	registered agent and agree to act ligand complete performance of my displayed Adam Saldana, Asst. Secret	iability company at the place this capacity. I further ag uties, and I am familiar with	
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or capa	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Regulated agent's sa	registered agent and agree to act ligand complete performance of my displayed. Adam Saldana, Asst. Secret (status) Sthave authority to manage is/are:	iability company at the place this capacity. I further agusties, and I am familiar with	
Having been named as redesignated in this applicate occupily with the provisional accept the obligation. 8. The name, title or capacity:	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regulated agent's sa	registered agent and agree to act ligand complete performance of my displayed Adam Saldana, Asst. Secret	iability company at the place this capacity. I further ag uties, and I am familiar with	
Having been named as re designated in this applica to comply with the provisi and accept the obligation 8. The name, title or capa	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regourned agent's a acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC	registered agent and agree to act ligand complete performance of my displayed. Adam Saldana, Asst. Secret (status) Sthave authority to manage is/are:	iability company at the place this capacity. I further aguites, and I am familiar with	
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or caps Title or Capacity:	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regound agent's w acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC 200 Powell Place, and Legal Department	registered agent and agree to act ligand complete performance of my displayed. Adam Saldana, Asst. Secret (status) Sthave authority to manage is/are:	iability company at the place this capacity. I further agusties, and I am familiar with	
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or caps Title or Capacity:	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regourned agent's a acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC	registered agent and agree to act ligand complete performance of my displayed. Adam Saldana, Asst. Secret (status) Sthave authority to manage is/are:	iability company at the place this capacity. I further agusties, and I am familiar with	
Having been named as refessionated in this applicate occupily with the provisional accept the obligation. 8. The name, title or capa Title or Capacity:	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regound agent's w acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC 200 Powell Place, and Legal Department	registered agent and agree to act ligand complete performance of my displayed. Adam Saldana, Asst. Secret (status) Sthave authority to manage is/are:	iability company at the place this capacity. I further agusties, and I am familiar with	
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or caps Title or Capacity:	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regound agent's w acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC 200 Powell Place, and Legal Department	registered agent and agree to act ligand complete performance of my displayed. Adam Saldana, Asst. Secret (status) Sthave authority to manage is/are:	iability company at the place this capacity. I further agusties, and I am familiar with	
Having been named as redesignated in this applicate occupily with the provisional accept the obligation. 8. The name, title or capacity:	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regound agent's w acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC 200 Powell Place, and Legal Department	registered agent and agree to act ligand complete performance of my displayed. Adam Saldana, Asst. Secret (status) Sthave authority to manage is/are:	iability company at the place this capacity. I further agusties, and I am familiar with	
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or caps Title or Capacity:	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regound agent's w acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC 200 Powell Place, and Legal Department	registered agent and agree to act ligand complete performance of my displayed. Adam Saldana, Asst. Secret (status) Sthave authority to manage is/are:	iability company at the place this capacity. I further aguites, and I am familiar with	
Having been named as refessionated in this applicate occupily with the provisional accept the obligation. 8. The name, title or capa Title or Capacity: Member	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Regourned agent is a acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC 200 Powell Place, do I egal Department Brentwood, Tennessee 370.17	registered agent and agree to act ligand complete performance of my displayed. Adam Saldana, Asst. Secret (status) Sthave authority to manage is/are:	iability company at the place in this capacity. I further aguities, and I am familiar with ary	
Having been named as refessionated in this applicate of comply with the provisional accept the obligation. 8. The name, title or capatite or Capacity: Member Use attachments if necessions. Attached is a certificate prisdiction under the law-	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Resourced agent's w acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC 200 Powell Place, do I real Department Brentwood, Tennessee 370.27	Adam Saldana, Asst. Secret (guature) s/have authority to manage is/are: Title or Capacity:	iability company at the place of this capacity. I further agaties, and I am familiar with arry Name and Address:	
Having been named as refessionated in this applicate of comply with the provisional accept the obligation. 8. The name, title or capatite or Capacity: Member Use attachments if necessions. Attached is a certificate prisdiction under the law-	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Resourced agent's w acity and address of the person(s) who has Name and Address: Referral Solutions Group, LLC 200 Powell Place, do I real Department Brentwood, Tennessee 370.27	Adam Saldana, Asst. Secret (guature) s/have authority to manage is/are: Title or Capacity:	iability company at the place of this capacity. I further agaties, and I am familiar with arry Name and Address:	
Having been named as refessionated in this applicate of comply with the provisional accept the obligation. 8. The name, title or caparate or Capacity: Member Description and a certificate or caparate or capacity: Member Of the translator must be seen of the translator must be seen.	relistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Resputered agent who has name and Address: Referral Solutions Group, LLC 200 Powell Place, do I real Department Brentwood, Tennessee 370.17 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	Adam Saldana, Asst. Secret shave authority to manage is/are: Title or Canacity: Similar to a foreign language, a translatio	in this capacity. I further agaties, and I am familiar with arry Name and Address: Ing custody of records in the nof the certificate under oat that any false information	
Having been named as redesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or caparatite or Capacity: Member (Use attachments if necessory). Attached is a certificate urisdiction under the law of the translator must be second. This document is executed.	relistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Resputered agent's waterity and address of the person(s) who has Name and Address: Referral Solutions Group, L.L.C. 200 Powell Place, do I real Department Brentwood, Tennessee 370.27. sary) of existence, no more than 50 days old, dof which it is organized. (If the certificate abmitted)	Adam Saldana, Asst. Secret shave authority to manage is/are: Title or Canacity: Similar to a foreign language, a translatio	in this capacity. I further aparties, and I am familiar with ary Name and Address: Ing custody of records in the nof the certificate under oat that any false information	

Kathryn Sevier Phillips, Chief Legal Officer, General Counsel and Secretary

Typed or printed name of signee

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: RECOVERY BRANDS, LLC

FILE NUMBER:

201130710287

FORMATION DATE:

11/03/2011

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA STATUS: ACTIVE (GOO

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 7, 2018.

ALEX PADILLA Secretary of State

MAR