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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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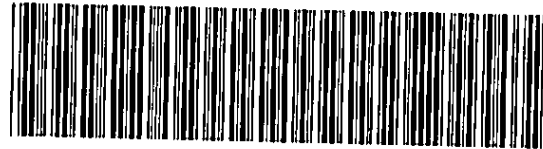
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Praxis Life Sciences, 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:

Kevin J. Wysocki
Name of Person

Praxis Life Sciences, LLC
Firm/Company

1925 West Field Court, Suite 125
Address

Lake Forest, IL 60045
City/State and Zip Code

taxnotices@praxislifesciences.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Robert Browning, Jr. 317 541-8888
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:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Praxis Life Sciences, 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. Indiana 3. 35-2107327
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 9/1/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1925 West Field Court, Ste 125 6. 1925 West Field Court, Ste 125
(Street Address of Principal Office) (Mailing Address)
Lake Forest, IL 60045 Lake Forest, IL 60045

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

Name: _____

Office Address: 3030 N. Rocky Point Drive Suite 150A

Tampa

(City)

Florida 33607

(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.

Bill Hume

(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:

MANAGING MEMBER

KEVIN J WYSOCKI
23309 PROVIDENCE DR
KILDEER IL 60147

MEMBER

DEBRA BARTEL-SCHWEITZER
14995 OBENHOFF RD
ATLANTIC MINE, MI 49905

MEMBER

JOSEPH CUNNINGHAM
448 B AVENUE
CORONA CA 92118

MEMBER

ROBERT TURNER
807 DAVIS ST. UNIT 906
EVANSTON, IL 60201

(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.

Kevin Wysocki

Dig. Cert. signed by Kevin Wysocki
DN: cn=Kevin Wysocki, ou=Praxis Life Sciences, LLC, ou=mailto:kwysocki@praxislsc.com, c=US

Signature of an authorized person

Kevin J. Wysocki

Typed or printed name of signer

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 DEC -4 PM 5:19

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

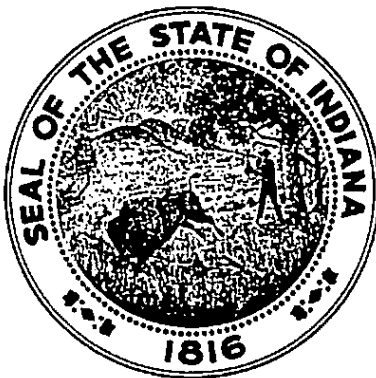
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

PRAXIS LIFE SCIENCES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 26, 2000, and was in existence or authorized to transact business in the State of Indiana on November 08, 2018.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 08, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2000042700241 / 2018785165

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on December 08, 2018.