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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (945) 425-0077
Fax Number : (845) 918-3588

****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
Promises Behavioral Health, LLC**

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4-23-19
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April 22, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: PROMISES BEHAVIORAL HEALTH, LLC
REF: W19000038993

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the name on the fax audit sheet. It should be the same name as the company you are filing. So, (4) 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

FAX Aud. #: H19000129028
Letter Number: 119A00008046

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. Promises Behavioral Health, 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)

32-0572664

3. (FEI number, if applicable)

4. N/A

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

5000 Airport Plaza Drive, Suite 100

5. (Street Address of Principal Office)

5000 Airport Plaza Drive, Suite 100

6. (Mailing Address)

Long Beach, CA 90815

Long Beach, CA 90815

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

Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie

(City)

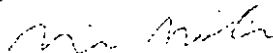
Florida

33314

(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)

9819 APR 22 PM 10:40

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Project Build Behavioral Health, LLC

☒ Member Address: 5000 Airport Plaza Dr., Ste 100

☐ Authorized Long Beach, CA 90815

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kirk Kureska, President

☐ Member Address: 5000 Airport Plaza Dr., Ste 100

☐ Authorized Long Beach, CA 90815

Person _____

☒ Other President/CEO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

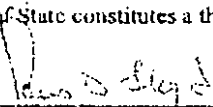
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

James Floyd, Authorized Person

 Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROMISES BEHAVIORAL HEALTH, 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 SEVENTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROMISES BEHAVIORAL HEALTH, LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2018.

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



6963846 8300

SR# 20192929560

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

Authentication: 202661391

Date: 04-17-19