

MP000005919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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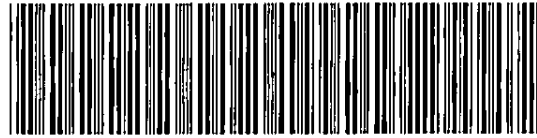
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : *Lydia Cohen* 812409 7230790  
AUTHORIZATION :  
COST LIMIT : \$ 125.00

ORDER DATE : June 18, 2019  
ORDER TIME : 1:43 PM  
ORDER NO. : 812409-005  
CUSTOMER NO: 7230790

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FOREIGN FILINGS

NAME: TRT BEHAVIORAL HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRT Behavioral Holdings, 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:

Jesse Smith

\_\_\_\_\_  
Name of Person

TRT Holdings, Inc.

\_\_\_\_\_  
Firm/Company

4001 Maple Avenue, Suite 600

\_\_\_\_\_  
Address

Dallas TX 75219

\_\_\_\_\_  
City/State and Zip Code

jt.smith@trtholdings.com

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

For further information concerning this matter, please call:

Jesse Smith

214

283-8649

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

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**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. TRT Behavioral Holdings, 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. Delaware 3. 82-1163875  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 17, 2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4001 Maple Avenue, Suite 600  
(Street Address of Principal Office)  
Dallas TX 75219

6. 4001 Maple Avenue, Suite 600  
(Mailing Address)  
Dallas TX 75219

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

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.*

By: Corporation Service Company  
(Registered agent's signature)

Lydia Cohen  
Asst. Vice President

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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]:

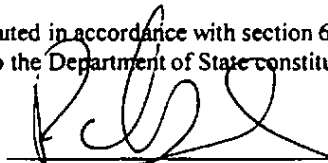
| <u>Title or Capacity:</u>                      |          | <u>Name and Address:</u>       |  | <u>Title or Capacity:</u>            |          | <u>Name and Address:</u>       |  |
|------------------------------------------------|----------|--------------------------------|--|--------------------------------------|----------|--------------------------------|--|
| <input type="checkbox"/> Manager               | Name:    | Paul A. Jorge                  |  | <input type="checkbox"/> Manager     | Name:    |                                |  |
| <input type="checkbox"/> Member                | Address: | 4001 Maple Ave, Suite 600      |  | <input type="checkbox"/> Member      | Address: |                                |  |
| <input checked="" type="checkbox"/> Authorized |          | Dallas TX 75219                |  | <input type="checkbox"/> Authorized  |          |                                |  |
| Person                                         |          |                                |  | Person                               |          |                                |  |
| <input type="checkbox"/> Other                 |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other       |          | <input type="checkbox"/> Other |  |
| <br><input type="checkbox"/> Manager           | Name:    |                                |  | <br><input type="checkbox"/> Manager | Name:    |                                |  |
| <input type="checkbox"/> Member                | Address: |                                |  | <input type="checkbox"/> Member      | Address: |                                |  |
| <input type="checkbox"/> Authorized            |          |                                |  | <input type="checkbox"/> Authorized  |          |                                |  |
| Person                                         |          |                                |  | Person                               |          |                                |  |
| <input type="checkbox"/> Other                 |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other       |          | <input type="checkbox"/> Other |  |
| <br><input type="checkbox"/> Manager           | Name:    |                                |  | <br><input type="checkbox"/> Manager | Name:    |                                |  |
| <input type="checkbox"/> Member                | Address: |                                |  | <input type="checkbox"/> Member      | Address: |                                |  |
| <input type="checkbox"/> Authorized            |          |                                |  | <input type="checkbox"/> Authorized  |          |                                |  |
| Person                                         |          |                                |  | Person                               |          |                                |  |
| <input type="checkbox"/> Other                 |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other       |          | <input type="checkbox"/> Other |  |

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**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

Paul A. Jorge  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRT BEHAVIORAL HOLDINGS, 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 EIGHTEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRT BEHAVIORAL HOLDINGS, LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2017.

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

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TALLAHASSEE, FLORIDA



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SR# 20195509415

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203049163

Date: 06-18-19