

M190000006252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

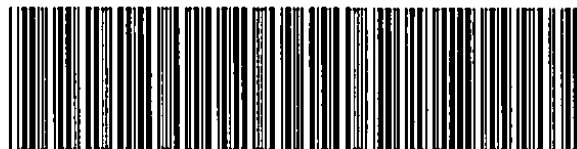
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILE
19 JUN 26 PM 4:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

B KINSEY
JUN 27 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2019

ANTHONY WAX
15950 DALLAS PKWY, STE 400
DALLAS, TX 75248

SUBJECT: NEUROVATIVE DIAGNOSTICS, LLC
Ref. Number: W19000055276

We have received your document for NEUROVATIVE DIAGNOSTICS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00011593

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neurovative Diagnostics, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:

Anthony Wax CEO
Name of Person

Neurovative Diagnostics, LLC
Firm/Company

15950 Dallas Parkway Ste 400
Address

Dallas, TX 75248
City/State and Zip Code

twax@neurovative-diagnostics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammie Shirley at (602) 832-9843
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

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STATE OF FLORIDA
TALLAHASSEE

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

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. Neurovative Diagnostics, 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. TX
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 02-15-19
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15950 Dallas Parkway
(Street Address of Principal Office)

6. 15950 Dallas Parkway
(Mailing Address)

Ste. 400

Ste. 400

Dallas, TX 75248

Dallas, TX 75248

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

Name: Bill Haure

Office Address: 7901 4th St. N. Ste. 300

St. Petersburg, Florida 33702
(City) (Zip code)

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FALLAH 3355 FLORIDA

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 Haure
(Registered agent's signature)

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: Anthony Wax

☐ Member Address: 15950 Dallas

☐ Authorized Parkway, Ste 400

Person Dallas, TX 75248

☒ Other CEO ☐ Other _____

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

☐ Manager Name: Paula Carae

☐ Member Address: 15950 Dallas

☐ Authorized Parkway Ste 4

Person Dallas, TX 75248

☒ Other President ☐ Other _____

☐ Manager Name: Samantha Martin

☐ Member Address: 15950 Dallas

☐ Authorized Parkway, Ste, 400

Person Dallas, TX 75248

☒ Other COO ☐ Other _____

☐ Manager Name: Kevin Amst

☐ Member Address: 15950 Dallas

☐ Authorized Parkway Ste 4

Person Dallas, TX 75248

☒ Other Chief of Sales & Marketing ☐ Other _____

☒ Manager Name: Kevin Palma

☐ Member Address: 15950 Dallas

☐ Authorized Parkway, Ste 400

Person Dallas, TX 75248

☐ Other _____ ☐ Other _____

☐ Manager Name: Tammee Shipley

☐ Member Address: 15950 Dallas

☒ Authorized Parkway Ste 4

Person Dallas, TX 75248

☐ 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 the signature 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.

Tammee Shipley
Signature of an authorized person

Tammee Shipley
Typed or printed name of signer



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for NEUROVATIVE DIAGNOSTICS, LLC (file number 802418000), a Domestic Limited Liability Company (LLC), was filed in this office on March 18, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 26, 2019.



A handwritten signature in black ink, consisting of a stylized "J" and "E" followed by a horizontal line.

Jose A. Esparza
Deputy Secretary of State