

M20000004107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/29: Received corrected form
for members addresses. LDC

LDC
4/29/20

Office Use Only



900343416379

04/29/20--01021--015 **125.00

FILED
20 APR 29 AM 9:08
RECEIVED
APR 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bluegrass Behavioral Health Group, 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:

Tim Clark

Name of Person

Cultivate Behavioral Management, Corp

Firm/Company

12600 Hill Country Blvd. r-100

Address

Bee Cave, TX 78738

City/State and Zip Code

tim@cultivatebhe.com

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

For further information concerning this matter, please call:

Tim Clark

210

705-9828

at (Area Code)

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

☒ \$125.00 Filing Fee

☐ \$120.00 Filing Fee &

☐ \$155.00 Filing Fee &

☐ \$160.00 Filing Fee, Certificate

Certificate of Status

Certified Copy

of Status & Certified Copy

20 APR 29 AM 9:08

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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:**

Bluegrass Behavioral Health Group, 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.")

Kentucky

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

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

(Street Address of Principal Office)

(Mailing Address)

6272 WOODCREST DR.

BURLINGTON, KY 41005

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

Name:

Sara Passaro

Office Address:

6211 Woodward Ct.

Fleming Island

(City)

32003

Florida

(Zip code)

8. 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.



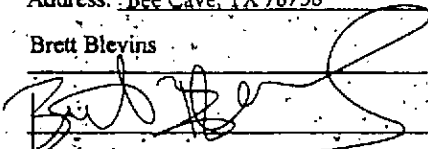
(Registered agent's signature)

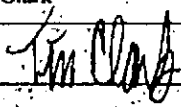
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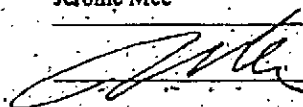
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☐ Manager Name: _____
12600 Hill Country Blvd. r-100
☐ Member Address: Bee Cave, TX 78738
☒ Authorized Person Brett Blevins

☐ Other _____ ☐ Other _____

☐ Manager Name: _____
12600 Hill Country Blvd. r-100
☐ Member Address: Bee Cave, TX 78738
☒ Authorized Person Tim Clark

☐ Other _____ ☐ Other _____

☐ Manager Name: _____
12600 Hill Country Blvd. r-100
☐ Member Address: Bee Cave, TX 78738
☒ Authorized Person Jerome Mee

☐ Other _____ ☐ Other _____

Title or Capacity:

Name and Address:

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

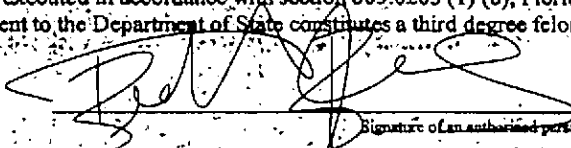
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ 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

Brett Blevins

Typed or printed name of signer

FILED
20 APR 23 AM 9:08

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 230733

Visit <https://web.sos.ky.gov/ftsshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Bluegrass Behavioral Health Group, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is November 29, 2016 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 21st day of April, 2020, in the 228th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
230733/0969256



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2020

TIM CLARK
12600 HILL COUNTRY BLVD. R-100
BEE CAVE, TX 78738 US

SUBJECT: BLUEGRASS BEHAVIORAL HEALTH GROUP, LLC
Ref. Number: W20000041184

We have received your document for BLUEGRASS BEHAVIORAL HEALTH GROUP, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 120A00008638

*4/29 Received Corrected page with
members address. HDC*