Division of Corporations 8/26/2020

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(((H200002959873)))



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## Foreign Limited Liability Company Behavior Health & Wellness Center, LLC

| Certificate of Status | 0        |
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## FAX AUDIT # H20000295987 3

| APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  A IN ELORIDA .   |
|---|
| IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:   |
| Behavior Health & Wellness Center, 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 "LL.C.")  |
| 27-2992358  |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)  |
| 4 Upon Qualification  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |
| 5 3024 Cone Manor Lane, Raleigh, North Carolina 27613   |
|   |
| (Street Address of Principal Office)  |
| 6. 3024 Cone Manor Lane, Raleigh, North Carolina 27613  |
|   |
| (Mailing Address)   |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |
| Name: Business Filings Incorporated   |
| 1000 0 1 10 11 10   |
|   |
| Plantation Florida 33324 (City) (Zip rode) (City)   |
| 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamillar with and   |
| accept the obligations of my position as registered agent.  |
| 19 min  |
| (Registered agent's signature) Mark Williams, A.V.P., Business Filings Incorporated   |
| 8. The name, title or capacity and address of the person(s) who has have authority to inanage is/are:   |
| Member: Brenda Metters, 3024 Cone Manor Lane, Raleigh, North Carolina 27613   |
| Member: Marlin Metters, 3024 Cone Manor Lane, Raleigh, North Carolina 27613   |
|   |
|   |
| <ol> <li>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 onth of the translator must be submitted)</li> </ol> |
| 122 120   |
| Signature of an authorized person   |
| 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 5.817.155, F.S.  |
| Brenda Metters, Member  |
| Typed or printed name of signee   |



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BEHAVIOR HEALTH & WELLNESS CENTER,

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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203524915

Date: 08-24-20