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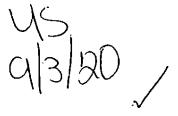


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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2020

DANA HATWIG 450-106 SR 13 N PMB 493 ST. JOHNS, FL 32259

SUBJECT: ACHIEVE PSYCHIATRIC WELLNESS CENTER LLC

Ref. Number: W20000082473

We have received your document for ACHIEVE PSYCHIATRIC WELLNESS CENTER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Yvette Scott Document Specialist II

Letter Number: 920A00014339



COVER LETTER

TO:

ACHIEVE Psychiatric Wellness Cente	n LLC			
	Name of Limited Liability Company			
	ility Company for Authorization to Transact Business in Flooove referenced foreign limited liability company to transact			
return all correspondence concerning this mat	tter to the following:			
Dana Hatwig				
	Name of Person			
ACHIEVE Psychiatric Wellness C	Center L.I.C	25		
	Firm'Company			
450-106 SR 13 N PMB 493				
	Address			
St Johns FL 32259				
	City/State and Zip Code	٠٠.		
achievepsychiatric@gmail.com				
E-mail address: ()	to be used for future annual report notification)			
ther information concerning this matter, please	e call:			
Dana Hatwig	630 888-5985 at()			
Name of Contact Person	Area Code Daytime Telephone Numb	er		
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Taliahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			
Enclosed is a check for the following amoun				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS 4N FLORIDA

IN COMPLIANCE WITH SECTION \$15,0905, FLORIDA STATUTES, THE FOLLOWING IS SCHAFFTED TO REGISTER A FOREIGN. LIMITED HARILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	/ellness Center PLLC			
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	otida. The alternate name must inclu	de "Limited Liability Com	pany," "I I C," or "
Sheridan, WY		85-1302603		
(furnishetion under the law of which foreign limited liability company, is organize		3	(FEI number, if applicable)	
				-
	(Date first transacted business in Florida, it prior to a (See sections 605 0904 & 605 0905, F.S. to determine	Sam Practice S		
	(See sections 605 0904 & 605 0905, F.S. to determine	ne penalty liability)		-
7901 4th St N		450-106 SR 13 N		•
reet Address of Principal Office)		(51ating Address)	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
		(alanna Addiess)		· .
Ste 300		PMB 493		्षाः
St. Petersburg, FL 33702		St Johns, FL 32259		
				
State 1 and				
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
N	Registered Agents Inc.			
Name:				
	7901 4th St N STE 300			
Office Address:				
	St. Petersburg	33	3702	
	**	Florida	Florida	

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)

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]:

Fitle or Capacity:	Name and Address:	<u>Title or Capaci</u>	<u>(v:</u>	Name and Address:
■ Manager	Name: Dana Hatwig	□Manager	Name:	
■ Member	Address:	□Member	Address: _	
■Authorized	=493	□Authorized		
Person	St Johns FL 32259	Person		
Other	COther	_Other		
I Manager	Name:	□Manager	Name:	
]Member	Address:	□Member		
Authorized		Authorized		
Person		Person		
]()ther	Other	□Other		□Other
lManager	Name:	∐Manager	Name:	
lMember	Address:	□Member	Address:	
Authorized		_!Authorized		
Person		Person		
Other	= Other			□ Other

Important Notice: Use an attachment to report more than six (o). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing you: 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 translation must be submitted)

(0) 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 8,817,155, F.S.

Dana Hatwig

I you do reposed name of space

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Achieve Psychiatric Wellness Center LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 8, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000921449**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 31st day of August, 2020 at 11:05 AM. This certificate is assigned ID Number 038810830.

Secretary of State

Secretary or State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.