

From:

09/15/2020 16:05

#027 P.001/004

9/15/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Cover Sheet

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To:

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From:

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Phone : (813)251-8659  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: cory\_caperton@yahoo.com

2020 SEP 15 PM 4:25

**Foreign Limited Liability Company  
Eagle Creek Therapy Services - Florida, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

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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. Eagle Creek Therapy Services - Florida, 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. Texas 85-2993687  
 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1515 W. Jeter Road 1515 W. Jeter Road  
 (Street Address of Principal Office) (Mailing Address)

Bartonville, TX 76226 Bartonville, TX 76226

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

Name: Christopher H. Norman, Esq.

Office Address: 315 S. Hyde Park Ave.

Tampa, Florida 33606  
 (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.

  
 (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]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>             | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Brooke Caperton</u>         | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>1515 W. Jeter Road</u>   | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>Bartonville, TX 76226</u>         | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>  |                                      | <br>                                 |                                      |
| <input checked="" type="checkbox"/> Manager | Name: <u>Cory Caperton</u>           | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>1515 W. Jeter Road</u>   | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>Bradenton, TX 76226</u>           | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>  |                                      | <br>                                 |                                      |
| <input type="checkbox"/> Manager            | Name: _____                          | <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 _____ |

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

Christopher H. Norman, Esq.

Typed or printed name of signer

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Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Ruth R. Hughs  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for EAGLE CREEK THERAPY SERVICES - FLORIDA, LLC (file number 803743398), a Domestic Limited Liability Company (LLC), was filed in this office on August 31, 2020.

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 September 03, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State

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