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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

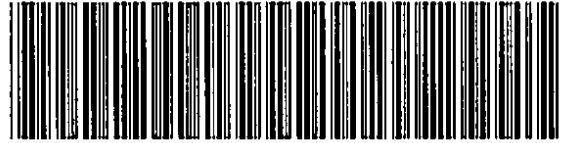
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ketamine Wellness Centers Jacksonville, 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:

Aaron M. Finter, Esq.

Name of Person

Schern Richardson Finter, PLC

Firm/Company

1640 S. Stapley Drive, Suite 132

Address

Mesa, Arizona 85204

City/State and Zip Code

aaron@srflawfirm.com

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

For further information concerning this matter, please call:

Aaron M. Finter

480

632-1929

at ()

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

\$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. Ketamine Wellness Centers Jacksonville, 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. Arizona
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. Ketamine Wellness Centers Jacksonville, LLC
(Street Address of Principal Office)

3753-2 Cardinal Point Drive

Jacksonville, FL 32257

6. Ketamine Wellness Centers Jacksonville, LLC
(Mailing Address)

3753-2 Cardinal Point Drive

Jacksonville, FL 32257

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

Name: Barbara Black

Office Address: 3753-2 Cardinal Point Drive

Jacksonville, Florida 32257
(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.

Barbara Black
(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: Julie Nicholson

 Member Address: 491 N. 159th Place

 Authorized Gilbert, AZ 85234

 Person _____
 Other _____ Other _____

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

Manager Name: Kevin Nicholson

 Member Address: 491 N. 159th Place

 Authorized Gilbert, AZ 85234

 Person _____
 Other _____ Other _____

Manager Name: Ketamine Wellness Centers Arizo

 Member Address: 491 N. 159th Place

 Authorized Gilbert, AZ 85234

 Person _____
 Other _____ Other _____

Manager Name: _____

 Member Address: _____

 Authorized _____

 Person _____
 Other _____ Other _____

Manager Name: _____

 Member Address: _____

 Authorized _____

 Person _____
 Other _____ Other _____

Manager Name: _____

 Member Address: _____

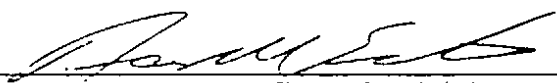
 Authorized _____

 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

Aaron M. Finter

 Typed or printed name of signer

STATE OF ARIZONA



**Office of the
CORPORATION COMMISSION**

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Ketamine Wellness Centers Jacksonville, LLC

ACC file number: 23147251

was incorporated under the laws of the State of Arizona on 11/03/2020, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 11/03/2020



A handwritten signature in black ink that reads "Matthew Neubert".

Matthew Neubert, Executive Director