

1/14/2021

Division of Corporations

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To:

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Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.  
Account Number : 075350000514  
Phone : (727)442-1200  
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**Foreign Limited Liability Company  
FunctionalHealth Franchise Partners, LLC**

Certificate of Status	0
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Audit Fax#  
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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. FunctionalHealth Franchise Partners, 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.")

Wyoming

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

86-1404502

3. (FEI number, if applicable)

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

1245 Court Street

5. (Street Address of Principal Office)

Clearwater, FL 33756

1245 Court Street

6. (Mailing Address)

Clearwater, FL 33756

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

Name: Christopher J. Denicolo, Esquire

Office Address: 1245 Court Street

Clearwater

(City)

, Florida

33756

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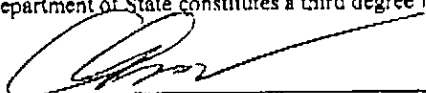
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Jackie Albert Wilcox III	<input checked="" type="checkbox"/> Manager	Name: Mark Mcaly
<input type="checkbox"/> Member	Address: 1245 Court Street	<input type="checkbox"/> Member	Address: 1245 Court Street
<input type="checkbox"/> Authorized	Clearwater, FL 33756	<input type="checkbox"/> Authorized	Clearwater, FL 33756
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<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
<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
<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 J. Denicolo, Esquire, Authorized Representative

\_\_\_\_\_  
 Typed or printed name of signer

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**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,

**FunctionalHealth Franchise Partners, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 7, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000971145**.

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 14th day of January, 2021 at 7:00 AM. This certificate is assigned ID Number 04503319.



*Edward A. Buchanan*  
Secretary of State