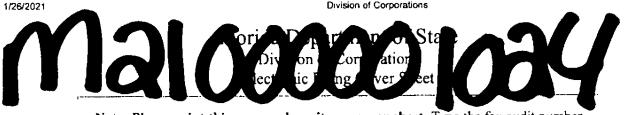
Division of Corporations



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Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company Legacy Healing New Jersey LLC

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To: 18506176383



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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

THE BURY ENDOYS, STORE MISSES E	anse adopted for the purpose of transacting business in H	orida, The	alternate name must include "Limited Liabili	ty Company	," "L L C." c
Delaware		3.	84-2797913		
(Jurealisation under the less of which foreign limited liability company is organized)		3.	(FRI number, if	I number, if applicable;	
·	(Date first transacted business in Florida, if prior to (See sections 60: 0904 & 605 0905, F.S. to determi	registration	1)		
	(See sections 60: 0904 & 605 0905, F.S. to determi	ne penalty	liability)		
2960 N. State Road 7. Ste. 101		6.	2960 N. State Road 7, Ste. 101		
treet Acdress of Principal Office)		υ.	(Mailing Address)		
Margate, FL 33063			Margate, FL 33063		. o
					:
				•	<u>-</u>
Name and street address	s of Florida registered agent: (P.O. Box	NOT:	acceptable)		.=
					ယ့
Name:	NRAI Services, Inc.				1:1
Office Address:	1200 South Pine Island Road				
	Plantation		33324		
	(Cip)	····	, Florida		

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.

ns of my position as registered agent.	Mudier Helling
Meredith Hellwig, Assistant Secretary	Muddle Hilling
(Registered agent's signature)	

٠:

From: James Tanks III

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:	Title or Capacity:	Name and Address:
□Manager	Name: David Levin	□Manager	Name: Karolyn Fox
□Member	Address: 2960 State Road 7	□Member	Address: 2960 State Road 7
□Authorized	Suite 101	□Authorized	Suite 101
Person	Margate, Florida 33063	Person	Margate, Florida 33063
President &	CEO	Other Secretary	□ Other
□Manager	Name:	□Малаger	Name:
	Address:	□Member	Address:
□Authoriæd		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 oustody 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.

Davik devin	_
Signature of an authorized p	CTY00
David Levin - CEO	
Exped or printed name of s	imee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LEGACY HEALING NEW JERSEY 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-SIXTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202369932

Date: 01-26-21