

M21000003944

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC
Account Number : I20120000C07
Phone : (702) 866-2500
Fax Number : (702) 866-2689

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2021 APR -6 PM 1:22
SECRETARY OF STATE
PALM BEACH, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@incorp.com

**Foreign Limited Liability Company
Behavioral Health Practice Services LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$155.00 |

SA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Behavioral Health Practice Services 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:

Olivia Gonzales

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Olivia Gonzales for InCorp Services, Inc.

at (702) 866-2500

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. Behavioral Health Practice Services 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. Delaware
 (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
 (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. 10655 NE 4th St (Street Address of Principal Office) | 6. 10655 NE 4th St (Mailing Address) |
| Ste 901 | Ste 901 |
| Bellevue, WA 98004 | Bellevue, WA 98004 |

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
 (City) (Zip code)

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 TALLAHASSEE, FL

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.



Olivia Gonzales on behalf of InCorp Services, Inc.

(Registered agent's signature)

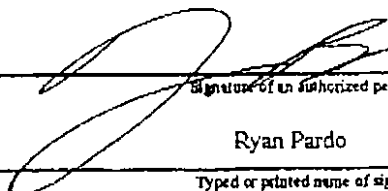
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Ryan Pardo</u> | <input type="checkbox"/> Manager | Name: <u>Michael Lester</u> |
| <input type="checkbox"/> Member | Address: <u>10655 NE 4th St</u> | <input checked="" type="checkbox"/> Member | Address: <u>10655 NE 4th St</u> |
| <input type="checkbox"/> Authorized | Ste <u>901</u> | <input type="checkbox"/> Authorized | Ste <u>901</u> |
| Person | <u>Bellevue, WA 98004</u> | Person | <u>Bellevue, WA 98004</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Warren Gouk</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>10655 NE 4th St</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | Ste <u>901</u> | <input type="checkbox"/> Authorized | _____ |
| Person | <u>Bellevue, WA 98004</u> | 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
 Ryan Pardo

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEHAVIORAL HEALTH PRACTICE SERVICES 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 FIRST DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEHAVIORAL HEALTH PRACTICE SERVICES LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2017.

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



6492125 8300

SR# 20211133474

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202872397

Date: 04-01-21