

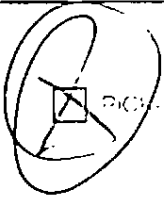
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK UP

☐ WAIT

☐ MAIL

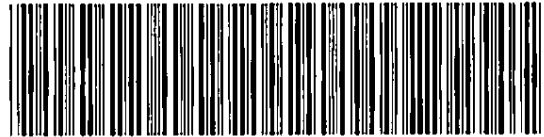
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/21--01001--022 **5.00

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2021 APR 22 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2021 APR 22 AM 9:57

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

April 22, 2021

BY HAND DELIVERY

Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Dear Sir or Madam:

Enclosed for filing is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for: Boynton Beach Florida Behavioral Health Hospital Company, LLC. A check in the amount of \$125.00 for the registration fee is enclosed. There is also a check for an additional \$5.00 for a Certificate of Status is also enclosed. A copy of the Delaware Certificate of Good Standing is attached.

Please provide me with a date stamped copy of the registration.

If you have any questions, I can be reached at 850/425-5307 or jmcvaney@ausley.com. Please email me when the Certificate of Status is ready so that I can arrange to have it picked up. Thank you for your assistance.

Sincerely,

/s/ Janet McVane

Janet McVane
Registered Paralegal

/jlm
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boynton Beach Florida Behavioral Health Hospital Company, 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:

Jeff Whitacre

Name of Person

Wellpath

Firm/Company

1283 Murfreesboro Pike, Suite 500

Address

Nashville, TN 37217

City/State and Zip Code

corporatefilings@wellpath.us

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

For further information concerning this matter, please call:

Jeff Whitacre

615

258-8630

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. Boynton Beach Florida Behavioral Health Hospital Company, 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 3. 86-3410154
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1283 Murfreesboro Pike, Suite 500 6. 1283 Murfreesboro Pike, Suite 500
(Street Address of Principal Office) (Mailing Address)
Nashville, TN 37217 Nashville, TN 37217

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

Name: Corporate Creations Network, Inc.
Office Address: 801 US HIGHWAY 1
North Palm Beach, Florida 33408
(City) (Zip code)

2021 APR 22 AM 9:57
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AND
APPROVED

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.

Lu Lauren Underwood, Special Secretary
(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: Louis Hallman

☐ Member Address: 1283 Murfreesboro Pike

☐ Authorized Suite 500

Person Nashville, TN 37217

☒ Other President ☐ Other _____

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

☐ Manager Name: Marc Goldstone

☐ Member Address: 1283 Murfreesboro Pike

☐ Authorized Suite 500

Person Nashville, TN 37217

☒ Other Secretary ☐ Other _____

☐ Manager Name: Juan Perez

☐ Member Address: 1283 Murfreesboro Pike

☐ Authorized Suite 500

Person Nashville, TN 37217

☒ Other Treasurer ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

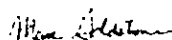
Person _____

☐ 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

Marc Goldstone, Secretary

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 "BOYNTON BEACH FLORIDA BEHAVIORAL HEALTH HOSPITAL COMPANY, 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 SIXTEENTH DAY OF APRIL, A.D. 2021.



5845962 8300

SR# 20211324714

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.

Authentication: 202985578

Date: 04-16-21