Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Email Address: _______

Foreign Limited Liability Company **Primary Therapy LLC**

Certificate of Status	0	
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Estimated Charge	\$125.00	

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

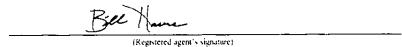
IN COMPLIANCE WITH SECTION 615.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Primary Therapy LLC

	ame adopted for the purpose of transacting business in h	horida. The alternate name must include "Limited L		
Delaware (Jurisdiction under the law of which foreign limited hability company is organized)		3. 87-1174693 (Ell number, (fapplicable)		
	(Date first transacted business in Florida, if prior to (See vections 605 0904 & 605 0905, F.S. to determ	o registration) nine penalty hability)	***************************************	
7901 4th S		_{6.} 7901 4th St		
STE 300	rincipal Office)	STE 300	ldress)	
St. Petersbu	urg FL 33702	St. Petersbur	g FL 33702	
Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	HILE JUL 26	
Name:	Registered Agen	ts Inc.		
Office Address:	7901 4th St N ST	E 300	9: 12 (4.15 (5.89)	
	St. Petersburg	2270	12	

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.



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: Name and Address: Title or Capacity: Name: Elizabeth Cobb Name: Franco Timpano Manager Manager Manager 435 The Thicket 1151 Walker Rd Ste 131 ✓ Member [7] Member Dover DE 19904 Mississauga Ontario L5G 4P6 Authorized Authorized Person Person Other ____ Other_ Other____ Other_ Manager Manager Name: _____ Name: _____ Member Address: ______ Member Address: Authorized Authorized Person Person Other____ Other_ __Other____ Other_ Name: ■ Manager Name: Manager 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 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.

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRIMARY THERAPY 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 JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIMARY THERAPY LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2021.

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

Authentication: 203758043

Date: 07-26-21

5987498 8300

SR# 20212796958