Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003047193)))



H210003047193ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From: .

Account Name

: OLDER LUNDY & ALVAREZ

Account Number : I20190000084

Phone

: (813)254-8998

Fax Number

: (813)839-4411

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

Email Address:

JMurphy@OLAlaw.com

## Foreign Limited Liability Company Therapy IQ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

To: +18506176383

## **COVER LETTER**

SUBJEC	Therapy IQ. LLC							
(7)		Name of Limited Liability Company						
The encl Existenc	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign fimited liability company to transact business in Florida						
Please re	eturn all correspondence concerning this matter	to the following.						
	Jennifer Murphy, Esq.							
	Name of Person							
Older Lundy Alvarez & Koch								
	Firm/Company							
1000 W. Cass Street								
Address								
Tampa, FL 33606  City/State and Zip Code								
							Jmurphy@olalaw.com 	
							E-mail address: (to b	pe used for future annual report notification)
For furth	ner information concerning this matter, please c	all·						
	Jennifer Murphy	813 254-8998						
	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 Tallahassec 2415 N. Monroe Street, Suite 810						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	Tallahassee, Fl. 32303						

Page: 5 of 7

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

IN COMPLANCE WITH SPICIOUN 605,0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXIN AMILED HABILITY

1-813-839-4411

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY L. Therapy IQ, ELC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (It name unavailable, enter alternate name adopted for the perpose of transacting business in Florida. It eathernate name must include "Limited Frability Company," "L.L.C," or "ELC," or 87-1878034 (Junediction under the law of which foreign limited liability company is organized) (Fill number, if applicable) (Date first transacted business in Florida if proven registration.) (See sections 603 0004 & 603 0005, U.S. to determine penalty liability) C/O Older Lundy Alvarez & Koch C/O Older Lundy Alvarez & Koch 5. Introct Address of Principal Office) 1000 W. Cass Stree 1000 W. Cass Street Tampa, FL 33606 Tampa, FL 33606 7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable) Jennifer Murphy, Esq. Name: 1000 W. Cass Street Office Address: Tampa

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.

(City)



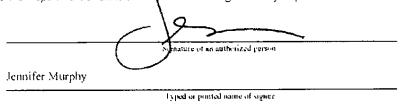
, Florida

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 (5) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name. TiQ Holdings, LLC	□Manager	Name:	
■Member	Address: e/o Older Lundy Alvarez & Koc	□ Member	Address:	
□Authorized	1000 W. Cass Street, Tampa, FL 33606	☐ Authorized		
Person		Person		
□Other	Other	TOther		□Other
				20000000000000000000000000000000000000
□Manager	Name:	□Manager	Name	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized	<del></del>	- FR - C
Person		Person		<i>-</i> ,
□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 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 fellowy as provided for in \$.817.155, F.S.



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Page 1

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

DELAWARE, DO HEREBY CERTIFY "THERAPY IQ, LLC" IS DULY FORMED UNDER

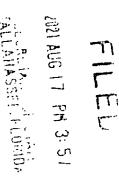
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SEVENTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THERAPY IQ, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2021.

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





Authentication: 203940201

Date: 08-17-21