

W21000011206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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15073318859

SBF
8/26/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hopebridge, 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:

Ben Seib

Name of Person

Hopebridge, LLC

Firm/Company

3500 Depauw Blvd. Suite 3070

Address

Indianapolis, IN 46268

City/State and Zip Code

bseib@hopebridge.com

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

For further information concerning this matter, please call:

Ben Seib

317

597-2267

Name of Contact Person

at ()

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

2021 AUG 20 PM 4:56

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

IN COMPLIANCE WITH SECTION 05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Hopebridge, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")
- Hopebridge Autism Therapy, LLC
(If name may change, 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. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-2605791
(F.T.I. number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 005.0904 & 005.0905, F.S., to determine penalty liability)
5. 3500 Depauw Blvd.
(Street Address of Principal Office)
6. 3500 Depauw Blvd.
(Mailing Address)
- Suite 3070
Suite 3070
- Indianapolis, IN 46268
Indianapolis, IN 46268

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

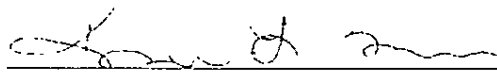
Name: URS Agents, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

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.


(Registered agent's signature)

Kristen Ellison,
Asst. Secretary

2021 AUG 20 PM 4:56

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: Dennis May, CEO
☐ Member Address: 3500 Depauw Blvd.
☐ Authorized Suite 3070
 Indianapolis, IN 46268
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: Ben Seib, CFO
☒ Member Address: 3500 Depauw Blvd.
☐ Authorized Suite 3070
 Indianapolis, IN 46268
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

☐ 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.

BSB

Signature of an authorized person

2021 AUG 20 PM 1:56

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

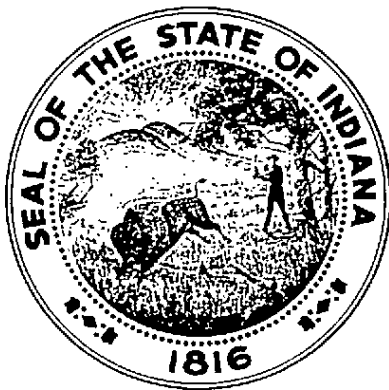
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HOPEBRIDGE, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 18, 2005, and was in existence or authorized to transact business in the State of Indiana on July 19, 2021.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my
signature and the seal of the State of Indiana, at the City
of Indianapolis, July 19, 2021

HOLLI SULLIVAN
SECRETARY OF STATE

2021 AUG 20 PM 4:56

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on August 18, 2021.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2021

BEN SEIB
3500 DEPAUW BLVD STE 3070
INDIANAPOLIS, IN 46268 US

SUBJECT: HOPEBRIDGE, LLC
Ref. Number: W21000107331

We have received your document for HOPEBRIDGE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 621A00017995

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AUG 20 2021