9/15/21, 10:10 AM Division of Corporations

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Florida Department of State
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To:
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Foreign Limited Liability Company
Clearway Pain Solutions Institute, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	$155.00

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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. CLEARWAY PAIN SOLUTIONS INSTITUTE, 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. 2625 Townsgate Rd, #330
(Street Address of Principal Office)
Westgate, CA 91361

6. _____
(Mailing Address)

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road,

Plantation (City), Florida 33324 (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.

C T CORPORATION SYSTEM by KIM LAUGHREY, ASSISTANT SECRETARY

(Registered agent's signature)

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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:	Title or Capacity:	Name and Address:
☒Manager	Name: Barbara Hill	☒Manager	Name: Andrew Kieffer
☐Member	Address: 2625 Townsgate Rd. # 330 Westgate, CA 91361	☐Member	Address: 2625 Townsgate Rd. #330, Westgate, CA 91361
☒Authorized	Damean Freas 2625 Townsgate Rd, #330, Westgate, CA 91361	☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Damean Freas	☒Manager	Name: Ted Yun
☐Member	Address: 2625 Townsgate Rd, #330, Westgate, CA 91361	☐Member	Address: 2625 Townsgate Rd, #330, Westgate, CA 91361
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: David Fairleigh	☒Manager	Name:
☐Member	Address: 2625 Townsgate Rd, #330, Westgate, CA 91361	☐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. 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.

Damean

Signature of an authorized person

DAMEAN FREAS

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLEARWAY PAIN SOLUTIONS INSTITUTE, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

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Jeffrey W. Bullock, Secretary of State

6577835 8300
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