

MB1000012231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

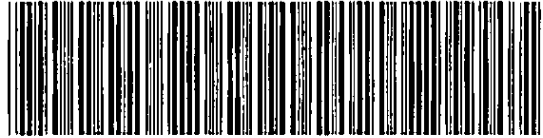
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEP 13 2021

09/14/21--01004--015 **180.00

FILED
21 SEP 13 PM 2:20
CLERK OF COURT
CLERK OF COURT

TC
9/16/21



Mind Over Matter Behavioral Health LLC

September 3rd, 2021

131 E Covington Avenue

Opp, Alabama 36467

(334) 456-0300

To whom it may concern:

Enclosed is the application for Foreign Limited Liability Corporation status for Mind Over Matter behavioral Health LLC located in Opp, Alabama. Please Review and assign appropriate status or notify the appropriate contacts listed if the documentation is incomplete.

Sincerely,

A handwritten signature in black ink, which appears to read 'David R. Adams'. The signature is fluid and cursive, with a large initial 'D'.

David R. Adams, ARNP, PMHNP-BC, CEO

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mind Over Matter Behavioral Health 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:

David Adams

Name of Person

Mind Over Matter Behavioral Health LLC

Firm/Company

131 E. Covington Avenue

Address

Opp, Alaabama 36467

City/State and Zip Code

radams@mindovermatter.healthcare

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

For further information concerning this matter, please call:

David Adams

334

804-6937

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. Mind Over Matter Behavioral Health LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Mind Over Matter Psychiatric and Behavioral Health 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. Alabama

(Jurisdiction under the law of which foreign limited liability company is organized)

87-2293609

3.

(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)

131 E. Covington Avenue

5. (Street Address of Principal Office)

Opp. Alabama 36467

131 E. Covington Avenue

6.

(Mailing Address)

Opp. Alabama 36467

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

Name: John Calvin Adams

Office Address: 412 Hewitt St.

Pensacola

(City)

, Florida

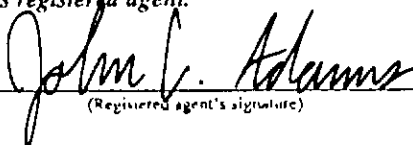
32503

(Zip code)

FILED
SEP 3 PM 12:20
TALLAHASSEE
FLORIDA

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)


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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>David Adams</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>29289 Beulah Church Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Opp, Alabama 36467</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

David R Adams

Typed or printed name of signer

John H. Merrill
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

as appears on file and of record in this office, the pages hereto attached, contain a
true, accurate, and literal copy of the Articles of Formation filed on behalf of
Mind Over Matter Behavioral Health LLC, as received and filed in the Office of
the Secretary of State on 08/17/2021.



20210824000006412

In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

08/24/2021

Date

A handwritten signature in cursive script, reading 'J. H. Merrill'.

John H. Merrill

Secretary of State

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama
1975, and upon an examination of the entity records on file in this office, the
following entity name is reserved as available:

Mind Over Matter Behavioral Health LLC

This name reservation is for the exclusive use of David R Adams, 131 E
Covington Ave, Opp, AL 36467 for a period of one year beginning July 14, 2021
and expiring July 14, 2022

In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.



RES964137

July 14, 2021

Date

J. H. Merrill

John H. Merrill

Secretary of State

Alabama
Sec. Of State

New Entity
878-733
Date 8/17/2021
File 17:00
210818 3 pp
Covington County

File \$100.00
County \$100.00

Total \$200.00
07/003

STATE OF ALABAMA

NACS

DOMESTIC LIMITED LIABILITY COMPANY (LLC)
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Limited Liability Company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$200.00 (credit card, check, or money order) to the Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616. The Secretary of State shall pay the sum of \$100.00 to the county treasurer for the county in which the office of the initial registered agent for that entity is located. If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

This form must be typed.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06. (You may use Professional or Series before Limited Liability Company or LLC (or PLLC or SLLC) if they apply):

Mind Over Matter Behavioral Health LLC

2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.

3. The name of the Registered Agent (only one agent): David R Adams

Street (No PO Boxes) address of Registered Office (must be located in Alabama): 131 E. Covington Ave.

*COUNTY of above address: Covington

Mailing address in Alabama of Registered Office (if different from street address): 131 E. Covington Ave

Opp, AL 36467

4. The undersigned certify that there is at least one member of the limited liability company.

This form was prepared by: (type name and full address)

David R Adams
131 E Covington Ave
Opp, AL 36467

RECEIVED DATE

AUG 17 2021

SECRETARY OF STATE
OF ALABAMA

RECEIVED DATE

AUG 09 2021

SECRETARY OF STATE
OF ALABAMA
Page 1 of 1

LLC Cert of Formation - 01/2021

(For SOS Office Use Only)

Alabama
Sec. Of State

New Entity
878-733 DPL
Date 8/17/2021
Time 17:00
210818 3 Pg
Covington County

File \$100.00
County \$100.00
Total \$200.00
07/003

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

5. Check only if the type applies to the Limited Liability Company being formed:

☐ Series LLC complying with Title 10A, Chapter 5A, Article 11

☒ Professional LLC complying with Title 10A, Chapter 5A, Article 8

☐ Non-Profit LLC complying with 10A-5A-1.04(c)

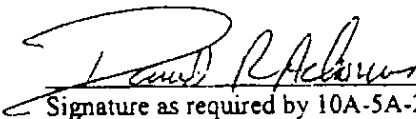
6. The filing of the limited liability company is effective immediately on the date received by the office of the Secretary of State, Business Services Division or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify 08 / 04 / 21 as the effective date (must be on or after the date filed in the office of the Secretary of State, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 8:00 ☒ AM or ☐ PM. (cannot be noon or midnight – 12:00)

☐ Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

08 / 03 / 2021

Date (MM/DD/YYYY)


Signature as required by 10A-5A-2.04

David R Adams

Typed Name of Above Signature

Organizer

Typed Title (Organizer or Attorney-in-fact)

Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

*County of Registered Agent is requested in order to determine distribution of County filing fees