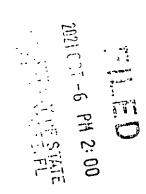
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

### FOREIGN FILINGS

NAME: SFP ACQUISITION, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

#### **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	SFP Acquisition, LLC						
Name of Limited Liability Company							
		lity Company for Authorization to Transact Business in Florida." Certificate of ove referenced foreign limited liability company to transact business in Florida.					
Please re	eturn all correspondence concerning this matt	ter to the following:					
	Patrick Daly						
		Name of Person					
	c/o FPC Acquisition, Inc.						
		Firm/Company					
	3333 S. Congress Ave. Suite 100						
		Address					
	Delray Beach, FL 33445						
		City/State and Zip Code					
	pdaly@sonashomehealth.com						
	E-mail address: (t	o be used for future annual report notification)					
For furth	er information concerning this matter, please	e call:					
	Name of Contact Person	at ()  Area Code Daytime Telephone Number					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address:		Street Address:					
Registration Section Division of Corporations		Registration Section Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, Fl. 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount Please make check payable to: FLORIDA I	DEPARTMENT OF STATE					

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE SEATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	ida. The alternate name	must include "Limited Liabi	lity Company," "L.L.C," or	LLC."
Delaware		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number,	if applicable)	_
Upon filing					
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	gistration ) penalty hability)			
1000 Winter Street		6(Vaib	ng Address)		_
Waltham, MA 02451		(SAMA)	ig ridatess)		
					_
Name and street addres	ss of Florida registered agent: (P.O. Box )	NOT acceptable	)		_
Name and street address Name:	SS of Florida registered agent: (P.O. Box )  Corporation Service Company	NOT acceptable	)	2021.00	_
		NOT acceptable	)	2021 OCT -6 I	- - - - -
Name:	Corporation Service Company		32301 Jorida	2021 OCT -6 PM 2:	
Name:	Corporation Service Company  1201 Hays Street			2021 00T -6 PM 2: 00	

#### 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: FPC Acquisition, Inc. Name: □Manager □Manager Address: 3333 S. Congress Avenue **■**Member □Member Address: Suite 100 □ Authorized ☐ Authorized Delray Beach, FL 33445 Person Person □Other\_\_ □Other\_\_ □Other\_\_\_ □Other\_\_\_\_ Name: Patrick Daly Name: \_\_\_\_\_\_ □ Manager □Manager Address: 3333 S. Congress Avenue □Member Address: □Member Suite 100 Authorized □ Authorized Delray Beach, FL 33445 Person Person Other \_\_\_ Other\_\_\_\_ □Other\_\_\_ □Other\_\_\_\_ ■ Manager Name: □Manager Name: Address: Address: □Member □Member □ 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. /s/ Patrick Daly Signature of an authorized person

Typed or printed name of signee

Patrick Daly

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SFP ACQUISITION, 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 FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFP ACQUISITION, LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2021.

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

Authentication: 204333382

Date: 10-05-21