

M21000 013241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

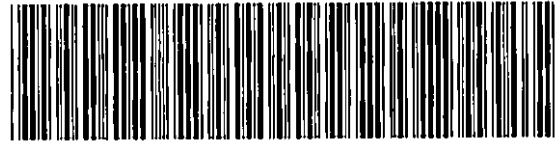
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT -7 AM 11:45
TALLAHASSEE, FLORIDA

505
10/8/21

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 081288 7718776
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : October 6, 2021
ORDER TIME : 9:06 AM
ORDER NO. : 081288-005
CUSTOMER NO: 7718776

FOREIGN FILINGS

NAME: AUTISM THERAPEUTIC SERVICES,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

2021 OCT -7 PM 2:06
611 617

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUTISM THERAPEUTIC SERVICES, 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:

Angela Kim

Name of Person

HealthPRO Management Services

Firm/Company

1 Marcus Dr, Ste 102

Address

Greenville, SC 29615-4818

City/State and Zip Code

akim@healthpro-heritage.com

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

For further information concerning this matter, please call:

Angela Kim

410

667-7200

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

2021 OCT -7 PM 2:06

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. AUTISM THERAPEUTIC SERVICES, 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. North Carolina

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

27-4038439

3.

(FEI number, if applicable)

4. as soon as filed

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 307 International Circle, Suite 100

(Street Address of Principal Office)

Hunt Valley, MD 21030

6. 307 International Circle, Suite 100

(Mailing Address)

Hunt Valley, MD 21030

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida

32301

(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.

Corporation Service Company

By: Alexis Weibull, assistant vice president

(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:

☐ Manager Name: John Heller

☐ Member Address: 307 International Circle

☒ Authorized Suite 100

Hunt Valley, MD 21030

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: Jamws Spencer

☐ Member Address: 307 International Circle

☒ Authorized Suite 100

Hunt Valley, MD 21030

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Thomas Guild

☐ Member Address: 307 International Circle

☒ Authorized Suite 100

Hunt Valley, MD 21030

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

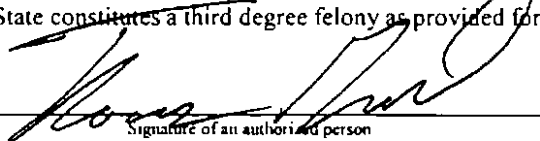
Person

☐ 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.



Signature of an authorized person

Thomas Guild

Typed or printed name of signer

2021 OCT -7 PM 2:06
OFFICE OF THE
CLERK OF THE
SUPREME COURT



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

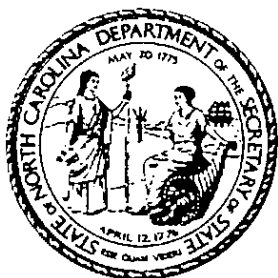
AUTISM THERAPEUTIC SERVICES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 22nd day of November, 2010

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger or articles of conversion for said limited liability company.

OCT 7 PM 2:06

OFFICE OF THE SECRETARY OF STATE



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of October, 2021.

Elaine F. Marshall

Secretary of State