4/6/22, 6:23 PM Division of Corporations

M22000005282

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000126266 3)))

H220001262663ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2022 MAR -7 PM 3:52

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 APR -7 AM 10:29

Foreign Limited Liability Company
Spark ABA Therapy LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

S. FRANKLIN

APR 08 2022

Electronic Filing Menu Corporate Filing Menu Help

H22000126266 3

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

5. 7100 W Camino Real, Ste 404
(Street Address of Principal Office)
Boca Raton, FL 33433

6. 7100 W Camino Real, Ste 404
(Mailing Address)
Boca Raton, FL 33433

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

Name: Debra Kovacs

Office Address: 7100 W Camino Real, Ste 404

Boca Raton, Florida 33433
(City) (Zip code)

2022 MAR -7 PM 3:55

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)

H22000126266 3

H22000126266 3

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: EMAAMA LLC	■Manager	Name: SW CAPE LLC
☐Member	Address: 7100 W Camino Real, Ste 404	☐Member	Address: 7100 W Camino Real, Ste 404
☐Authorized Person	Boca Raton, FL 33433	☐Authorized Person	Boca Raton, FL 33433
☐Other	☐Other	☐Other	☐Other
■Manager	Name: Debra Kovacs	☐Manager	Name:
☐Member	Address: 7100 W Camino Real, Ste 404	☐Member	Address:
☐Authorized Person	Boca Raton, FL 33433	☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized 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.

Signature of an authorized person

Debra Kovacs

Typed or printed name of signee

H22000126266 3

2022 MAR -7 PM 3:55

H22000126266 3

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPARK ABA THERAPY 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 SIXTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPARK ABA THERAPY LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2022.

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

2022 MAR -7 PM 3:55

Jeffrey W. Bullock, Secretary of State

6700893 8300

SR# 20221323202

Authentication: 203105225

Date: 04-06-22

You may verify this certificate online at corp.delaware.gov/authver.shtml