

4/6/22, 6:23 PM

Division of Corporations

M2200005282

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.

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

From:
Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

2022 APR -7 PM 3:52

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

Email Address: _____

**Foreign Limited Liability Company
Spark ABA Therapy LLC**

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

2022 APR -7 AM 10:29

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 FLORIDAIN COMPLIANCE WITH THE PROVISIONS OF CHAPTER 607, F.S., THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS WITH THE STATE OF FLORIDA1. Squish ABA Therapy LLC

(Name of foreign limited liability company; must include "limited liability company" or "LLC" or "L.L.C.")

(If name unacceptable, re is acceptable as registered for the purpose of transacting business in Florida. The name re is acceptable must include "limited liability company" or "LLC" or "L.L.C.")

2. Delaware

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

(If it is a member, it is applicable)

4. 7100 W Camino Real, Ste 404 7100 W Camino Real, Ste 404
(City and State and zip code of principal office of foreign limited liability company) (City and State and zip code of principal office of foreign limited liability company)5. 7100 W Camino Real, Ste 404
(Street Address (not a P.O. Box))6. 7100 W Camino Real, Ste 404
(Billing Address)Boca Raton, FL 33433Boca Raton, FL 334337. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)Name: Debra KovacsOffice Address: 7100 W Camino Real, Ste 404Boca Raton33433Florida

(City)

(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.Debra Kovacs

(Registered agent's signature)

H22000126266 3

2022 MAR -7 PM 3:55

H22000126266 3

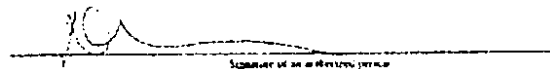
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members-managers or persons authorized to manage (up to six (6) total).

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: EMAAMA LLC	☒ Manager	Name: SW CARL LLC
☐ Member	Address: 7100 W Camino Real, Ste 404	☐ Member	Address: 7100 W Camino Real, Ste 404
☐ Authorized	Boca Raton, FL 33433	☐ Authorized	Boca Raton, FL 33433
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: Debra Kovacs	☐ Manager	Name:
☐ Member	Address: 7100 W Camino Real, Ste 404	☐ Member	Address:
☐ Authorized	Boca Raton, FL 33433	☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ 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.


Signature of an authorized person

Debra Kovacs

Typed or printed name of signer

H22000126266 3

2022 MAR -7 PM 3:55

FBI

H22000126266 3

Delaware

The First State

Page 1

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6700893 8300

SR# 20221323202

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

Authentication: 203105225

Date: 04-06-22

H22000126266 3