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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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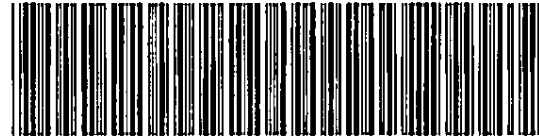
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUN 16 AM 7:21  
CLERK OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Active Health Concepts, 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:

Robert E Davis III

\_\_\_\_\_  
Name of Person

Active Health Concepts, LLC

\_\_\_\_\_  
Firm/Company

9005 Colby Drive, Suite 1909

\_\_\_\_\_  
Address

Fort Myers, Florida

33919

\_\_\_\_\_  
City/State and Zip Code

Ellerslie3@protonmail.com

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

For further information concerning this matter, please call:

Robert E Davis III

239

738-2922

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. Active Health Concepts, 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. New Mexico

87-4654455

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

3. (FEI number, if applicable)

4. n/a

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

5. 9005 Colby Drive, Suite 1909

(Street Address of Principal Office)

6. 9005 Colby Drive, Suite 1909

(Mailing Address)

Fort Myers, Florida 33919

Fort Myers, Florida 33919

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

Name: Robert E Davis III

Office Address: 9005 Colby Drive, Suite 1909

Fort Myers


(City)

Florida 33919

(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.

  
(Registered agent's signature)

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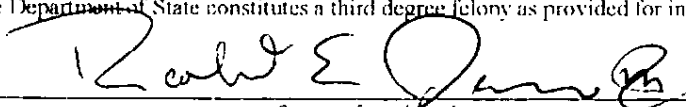
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>              | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager               | Name: Robert E Davis III              | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: 9005 Colby Drive, Suite 1909 | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | Fort Myers, Florida 33919             | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                 | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>   |                                       | <br>                                 |                                      |
| <input type="checkbox"/> Manager               | Name: Ellerslie Davis Society         | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member     | Address: 9005 Colby Drive, Suite 1909 | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | Fort Myers, Florida 33919             | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                 | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>   |                                       | <br>                                 |                                      |
| <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.

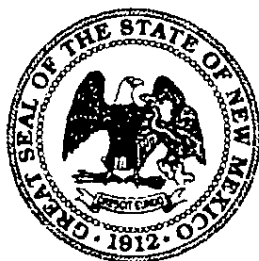
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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

Robert E Davis III

\_\_\_\_\_  
Typed or printed name of signer



STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

***Certificate of Good Standing and Compliance***

IT IS HEREBY CERTIFIED THAT:

**Active Health Concepts LLC**

**6704247**

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

**Limited Liability Company Act**

**53-19-1 to 53-19-74 NMSA 1978**

having filed its Articles of Organization on January 18, 2022, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **June 8, 2022**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.**



*Maggie Toulouse Oliver*

**Maggie Toulouse Oliver  
Secretary of State**

**Certificate Validation #: 0066225**

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.