# M22000009984

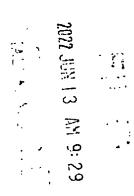
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



300388881183

08/13/22--01030--007 \*\*125.00



S. ROBERTS
JUN 1 3 2022

### COVER LETTER

10:	Division of Corporations						
	Illuminate ABA Services	LLC					
SUBJECT:Name of Limited Liability Company							
		bility Company for Authorization	on to Transact Business in Florida," Certificate of Hiability company to transact business in Florida.				
Please	return all correspondence concerning this m	atter to the following:					
	Max Lowy						
	Name of Person						
	Illuminate ABA Services LLC						
	Firm/Company						
	198 Foster Ave, Suite B						
	Address						
	Brooklyn, NY 11230						
City/State and Zip Code							
	info@illumtherapy.c	om					
	E-mail address:	(to be used for future annual re	port notification)				
For fu	ther information concerning this matter, ple	ase call:					
	Scott Weissman	<sub>at</sub> 248	8468700  Daytime Telephone Number				
	Name of Contact Person	Area Code	Daytime Telephone Number				
	Mailing Address:	Street Address:					
Registration Section Division of Corporations P.O. Box 6327		Registration Sect					
			Division of Corporations The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount of the Plotse make check payable to: FLORIDA M \$125.00 Filing Fee  \$130.00 Filing Fee  Certification	DEPARTMENT OF STATE	Fee & S160.00 Filing Fee, Certificate				

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

	TION 605 (4902, FFORIDA STATUTES, THE F SINESS INTHE STATE OF FLORIDA:	OLOWNG ISS	/BMITTED TO REGISTER A	FOREKIN TAMITED TABILITY	
Illuminate ABA					
	Limited Liability Company, must include "Limite	ed Liability Compar	iy," "L.L.C.," or "LLC")		
ABA Therapy of	of FLLLC				
	name adopted for the purpose of transacting business in I	Florida. The alternate it	ame must include "Limmed Liability	Company," "L.L.C," or "LLC")	
, Delaware	. 86-3	3. 86-3426506 (FEI number, if applicable)			
Durisdiction under the law of w	J				
5/16/22					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration ) mine penalty liability)		_	
5. 198 Foster (Street Addicess of Principal Office)	Ave Suite B	U	Foster Ave Suite	B	
Brooklyn NY	11230	Broo	oklyn NY 11230		
				202	
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptal	ble)	2002 JUH 13	
Name:	Registered Agents Inc.			子 · · · · · · · · · · · · · · · · · · ·	
Office Address:	7901 4th St N STE 300			9.29	
	St. Petersburg		, Florida 33702		
	(Cny)		(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)

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: Name: Max Lowy Name: Avi Philipson □ Manager
 □Manager Member Member Address: \_\_\_\_ Address: 1636 East 35th Street 22 Pleasant Ridge Rd □ Authorized □ Authorized Brooklyn NY 11234 Spring Valley, NY 10977 Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_ Name: [] Manager □Manager □Member Address: □ Member Address: □ Authorized □Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Manager Name: Name: \_\_\_ □Manager □Member Address: □Member Address: □ Authorized □ Authorized Person Person □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. Max Lowy
Signature of an Sphotzed person

Typed or printed name of signee

Max Lowy

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ILLUMINATE ABA SERVICES 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 EIGHTEENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILLUMINATE ABA SERVICES LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2021.

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

5870590 8300 SR# 20221501976 Authentication: 203204617

Date: 04-18-22

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