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.

(((H22000254075 3)))



H220002540753ABC

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

Fam Number : (350) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 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 smail address please.

Email Address:

Foreign Limited Liability Company

Certificate of Status 0

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

S. FRANKLIN JUL 28 2022

011 : 1 HA L Z 3016 2016

18886118813

From Vcorp Services, LLC

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

IN COMPLANCE WITH SECTION 6/5/0/02, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Toreign	nd Wellness Center LLC Finited Liability Company; must include "Limite	d Liability	Company, "L.I. U.," or "L.I. C.")	
Thame unavailable, enter alternate n	anic adopted for the purpose of transacting business in H	ionda The	alternate name must include "Eanuted Leability Con-	epany," "I, t.,(','' or "I
DE		3.		
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3.	(FLI number, if applie	able)
				2022 . 11. 27
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0901 & 605 0905, F.S. to determine penalty liability.)				<u> </u>
150 Airport Road Suite 900		6	150 Airport Road Suite 900 (Mailing Address)	
reet Address of Principal Office)		(Mailing Address)		
Lakewood, NJ 08701			Lakewood, NJ 08701	
Name and street address	s of Florida registered agent: (P.O. Box	C <u>NOT</u>	icceptable)	
Name:	Veorp Services, LLC	_		
Office Address:	1200 South Pine Island Road			
	Plantation, FL		33324 , Florida	
	(Cir.)		(Zip zode)	

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.

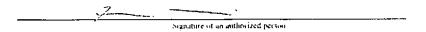
To: FL DIVISION OF CORPORATIONS

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 Capacit	<u>y:</u>	Name and Address:
■Manager	Name: Stephen Werdiger	□Manager	Name:	
□Member	Address: 150 Airport Road Suite 900	□Member	Address:	
□Authorized	Lakewood, NJ 08701	☐ Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name;	∏Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		2112
Person		Person		2
□ Other	Other	Other		□Other <u>~</u>
□Manager	Name:	□Manager	Name:	
□Member	Address:	∐Member	Address:	<u> </u>
□Authorized		T 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.





Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CEDARWOOD RECOVERY AND WELLNESS CENTER 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CEDARWOOD RECOVERY AND WELLNESS CENTER LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2022.

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



Authentication: 204017836

6913780 8300