

MA220000014628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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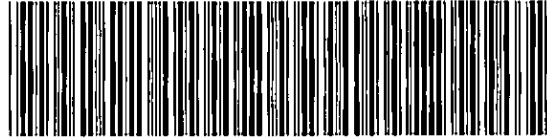
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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T. LEMIEUX  
SEP 21 2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 09/20/2022

Acc#I20160000072

*en: c DW*

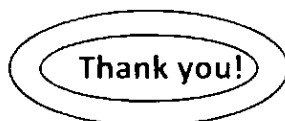
Name:	Thrive Skilled Pediatric Care, LLC
Document #:	
Order #:	14549505

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
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Ref# _____

Amount: \$ 125.00



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thrive Skilled Pediatric Care, 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:

Sonia K. Lowe

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

Baker & Hostetler LLP

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

200 Civic Center Drive, Suite 1200

\_\_\_\_\_  
Address

Columbus, Ohio 43215

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

lkramer@thrivespc.com

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

For further information concerning this matter, please call:

Sonia K. Lowe

614 462-4701  
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. Thrive Skilled Pediatric Care, 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 81-2418344  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 701 Edgewater Drive, Suite 300 701 Edgewater Drive, Suite 300  
(Street Address of Principal Office) (Mailing Address)

Wakefield, MA 01880 Wakefield, MA 01880

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.

C T Corporation System  
By: /s/Laura R. Broderick, Assistant Secretary  
(Registered agent's signature)

FILED  
2022 SEP 20 PM 12:24  
CLERK OF DISTRICT COURT  
FLORIDA

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:**

☒ Manager              Name: Darren M. Black

☐ Member              Address: 701 Edgewater Drive

☐ Authorized              Suite 300

                                 Person              Wakefield, MA 01880

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☒ Manager              Name: Gregory A. Serrao

☐ Member              Address: 701 Edgewater Drive

☐ Authorized              Suite 300

                                 Person              Wakefield, MA 01880

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☒ Manager              Name: Bruce Cerullo

☐ Member              Address: 701 Edgewater Drive

☐ Authorized              Suite 300

                                 Person              Wakefield, MA 01880

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☒ Manager              Name: Ross Stern

☐ Member              Address: 701 Edgewater Drive

☐ Authorized              Suite 300

                                 Person              Wakefield, MA 01880

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☒ Manager              Name: John D. McDonough

☐ Member              Address: 701 Edgewater Drive

☐ Authorized              Suite 300

                                 Person              Wakefield, MA 01880

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☒ Manager              Name: William P. Wall

☐ Member              Address: 701 Edgewater Drive

☐ Authorized              Suite 300

                                 Person              Wakefield, MA 01880

☐ 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.

/s/ Rosemarie Fraumeni

\_\_\_\_\_  
Signature of an authorized person

Rosemarie Fraumeni

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THRIVE SKILLED PEDIATRIC CARE, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2022.

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



6026493 8300

SR# 20223566989

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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 in a small font.

Authentication: 204431992

Date: 09-20-22