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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

Verdure Health Services, LLC

SUBJECT: \_\_\_\_\_  
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:

Yancey Gaither

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

Verdure Health Services, LLC

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

16515 S. 40th St STE 143

\_\_\_\_\_  
Address

Phoenix, AZ 85048

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

yancey@athenamedicalgroupllc.com

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

For further information concerning this matter, please call:

Yancey Gaither

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

623

\_\_\_\_\_  
Area Code

810-3668

\_\_\_\_\_  
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

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CLERK OF STATE  
TALLAHASSEE, FL 32303

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. Verdure Health Services, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Athena Health Group 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. Arizona

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

3. 85-1316116

(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. 16515 S. 40th Street Suite 143

(Street Address of Principal Office)

6. 16515 S.40th Street Suite 143

(Mailing Address)

Phoenix AZ 85048

Phoenix AZ 85048

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(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.*

Bee Han

(Registered agent's signature)

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CLERK OF DISTRICT COURT  
JANUARY 1, 2023

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: Yancey Gaither  
☒ Member Address: \_\_\_\_\_  
☐ Authorized 16515 S 40th Street Suite 143  
Person Phoenix, AZ 85048  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:  
☐ Manager Name: Teresa Gaither  
☒ Member Address: \_\_\_\_\_  
☐ Authorized 16515 S 40th Street, Suite 143  
Person Phoenix, AZ 85048  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

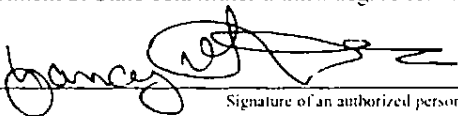
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ 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  
Yancey Gaither  
\_\_\_\_\_  
Typed or printed name of signer

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**Verdure Health Services, LLC**

ACC file number: 23091180

was incorporated under the laws of the State of Arizona on 05/30/2020, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the  
Arizona Corporation Commission, and issued this Certificate on this date: 09/16/2022



**Matthew Neubert, Executive Director**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2022

YANCEY GAITHER  
VERDURE HEALTH SERVICES, LLC  
16515 S. 40TH ST STE 143  
PHOENIX, AZ 85048

SUBJECT: VERDURE HEALTH SERVICES, LLC  
Ref. Number: W22000128327

We have received your document for VERDURE HEALTH SERVICES, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

No title(s) listed for Yancey Gaither nd Teres Gaither.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 622A00022732

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OCT 24 2022