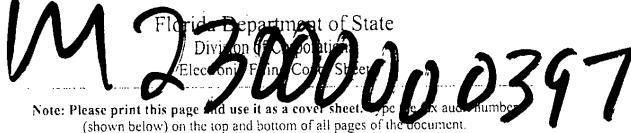
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Division of Corporations



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H230000108053ABCT

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	
	Fax Number : (850)617-6383	
From:		
	Account Name : HARVARD BUSINESS SERVICES, INC.	
	Account Number : I20080000045	
	Phone : (302)645-7400	
	Fax Number : (302)645-1280	
Enter :	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**	
	ail Address:nickdschumacher@gmail.com	

Foreign Limited Liability Company Schumacher Physical Therapy and Performance LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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			JA112223

Electronic Filing Menu

Corporate Filing Menu

Help

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

Schumacher Physical 4	herapy and Performance ULC lamited Liability Company, must include "Lamited		
(Name of Foreign)	imited Liability Company, must include "Limited	Liability Company, A. L.C., for A.L.C. 3	
ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in He	rido. De alternore name most inchale. Emuted Codulay C	onpany' UTC"er"Ht
Delaware		\$31038754	
Charabeton order the law of wh	high loreign heated hability coup my is organized)	3. (1) Unamber, (1) spi	licable)
	(Due first transacted business in Florida, if prior to resections 805 0903 & 608 0905 U.S. to determine	egistration) ic pendix liability (t
4104 W. Tyson Ave.		6. (Vishing Address)	• •
of Address of Penterpal Offices		(Vialing Address)	
Tampa, FL, 33611		Tampa, FL. 33611	
			· .
			15.
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	Registered Agents Inc.		
Name:	Registered Agents Inc.		
	Registered Agents Inc. 7901 4th Street N. Ste 300		
Name: Office Address:	7901 4th Street N. Ste 300		
	7901 4th Street N. Ste 300	. Florida	

(((H230000108053)))

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
8. For initial indexing purpos manage [up to six (6) total]:	ses, list names, title or capacity and	addresses of the primary members	s-managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacit	<u>(Y:</u>	Name and .	<u>Address:</u>
□Manager	Name: Nicholas Schumacher	□Manager	Name:		
⊞ Member	Address: 4104 W Tyson Ave.	□Member	Address:		
Dauthorized	Tampa, FL, 33611	□ Authorized			
Person		Person			
_iOther		□Other		⊡Other	
□Manager	Name:	□Manager	Name:	-	
□Member	Address:	⊡Member	Address:		
T]Authorized		□ Authorized			
Person		Person			
[]Other	Other	[]Other		[]Other	E'.
□Manager	Name:	□Manager	Name:		
_lMember	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. 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 \$.817.155, F.S.

Signature of an authorized person				
Nicholas Schumacher				

(((H230000108053)))



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SCHUMACHER PHYSICAL THERAPY AND

PERFORMANCE 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 NINTH DAY OF JANUARY,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCHUMACHER PHYSICAL THERAPY AND PERFORMANCE LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2018.

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

.

. . .

6947545 8300

SR# 20230073330
You may verify this certificate online at corp.delaware gov/authver.shtml

Jumpy W. Buttack, Secretary of Blass

Authentication: 202452582

Date: 01-09-23