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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

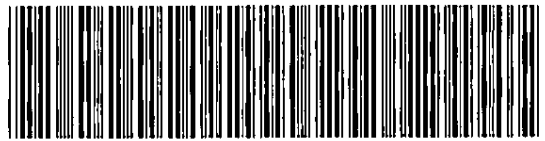
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2023 FEB 14 PM 11:40

S. ROBERTS

MAR - 7 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Serenity TMS Center, 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:

Chase Adams or Michelle Robison

Name of Person

Steele Adams Hosman, PLLC

Firm/Company

6713 South 1300 East

Address

Cottonwood Heights, Utah 84121

City/State and Zip Code

chase@sahtlegal.com

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

For further information concerning this matter, please call:

Michelle Robison

801

992-1015

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

Serenity Mental Health Centers, 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. _____
(FEI number, if applicable)

4. Hoping to begin ~~January~~ February 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 203 Fort Wade Road
(Street Address of Principal Office)

6. 6713 South 1300 East
(Mailing Address)

Suite 260

Cottonwood Heights, Utah 84121

Ponte Vedra, Florida 32081

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.

/s/ Eric Jensen, Assistant Secretary

(Registered agent's signature)

2023 FEB 14 4:11:40

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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	TeeJay Tripp		<input type="checkbox"/> Manager	Name:	Benjamin Pease	
<input type="checkbox"/> Member	Address:	691 East Encinas Avenue		<input type="checkbox"/> Member	Address:	3300 Triumph Boulevard	
<input type="checkbox"/> Authorized		Gilbert, Arizona 85234		<input checked="" type="checkbox"/> Authorized		Suite 500	
Person				Person		Lehi, Utah 84043	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Tricia Pease		<input type="checkbox"/> Manager	Name:	Steele Adams Hosman, PLLC	
<input type="checkbox"/> Member	Address:	3300 Triumph Boulevard		<input type="checkbox"/> Member	Address:	6713 South 1300 East	
<input checked="" type="checkbox"/> Authorized		Suite 500		<input checked="" type="checkbox"/> Authorized		Cottonwood Heights, Utah 84121	
Person		Lehi, Utah 84043		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

Patricia Pease

Patricia Pease (Jun 11, 2023 11:37 CST)

Signature of an authorized person

Patricia Pease

Typed or printed name of signee

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:

SERENITY TMS CENTERS, LLC

ACC file number: L22384507

was incorporated under the laws of the State of Arizona on 11/29/2017, 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: **02/03/2023**



A handwritten signature in black ink, appearing to read "Kim Battista".

Kim Battista, Interim Executive Director