

M23000006372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

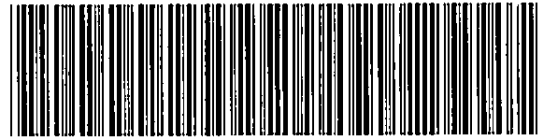
(Business Entity Name)

(Document Number)

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2023 MAY 17 PM 12:36

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TALLAHASSEE, FLORIDA

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RECEIVED

MAY 17 2023
K. Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED METABOLIC TREATMENT CENTERS, 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:

William R. OLIVE, Jr
Name of Person

UNITED METABOLIC TREATMENT CENTERS, LLC
Firm/Company

1200 SOUTH PINELLAS AVE, STE 1
Address

TARPON SPRINGS, FL 34689
City/State and Zip Code

BILL OLIVE JR @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William R. OLIVE, Jr at (727) 424-3830
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. UNITED METABOLIC TREATMENT CENTERS, 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. WYOMING
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-1670365
(FEI number, if applicable)

4. NONE - NEW BUSINESS
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1200 SO. PINELLAS AVE
(Street Address of Principal Office)

6. 1200 SO. PINELLAS AVE
(Mailing Address)

STE 1

STE 1

TARPON SPRINGS, FL 34689

TARPON SPRINGS, FL 34689

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

Name: WILLIAM R. OLIVE, JR.

Office Address: 1200 SO. PINELLAS AVE, STE 1

TARPON SPRINGS, Florida 34689
(City) (Zip code)

2023 MAY 17 PM 12:37

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.

[Signature]
(Registered agent's signature)

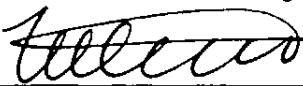
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	William R. OLIVE, Jr		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	808 LANSDEN CT.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		TARPON SPRINGS, FL 34689		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input 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	
<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.



Signature of an authorized person

William R. OLIVE, JR

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

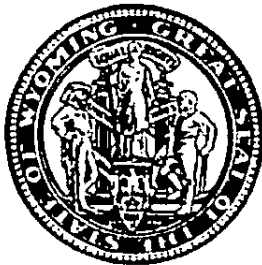
I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

United Metabolic Treatment Centers LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 10, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001206399**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of May, 2023 at 1:43 PM. This certificate is assigned ID Number 060512817.




Secretary of State