

9/8/23, 10:12 AM

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.  
Account Number : I19990000123  
Phone : (727)397-5571  
Fax Number : (727)393-5418

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: KAREN@DHCLAW.COM

**Foreign Limited Liability Company  
Innerworks Therapy Services, PLLC**

Certificate of Status	1
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0903, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. INNERWORKS THERAPY SERVICES, PLLC  
(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. STATE OF IOWA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 12377 91ST AVENUE, SEMINOLE FL 33772  
(Street Address of Principal Office)

6. 12377 91ST AVENUE, SEMINOLE FL 33772D  
(Mailing Address)

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

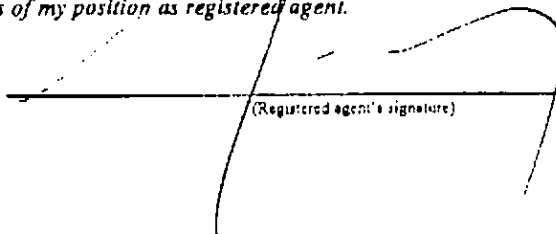
Name: DeLOACH, HOFSTRA & CAVONIS, P.A.

Office Address: 8640 SEMINOLE BLVD.

SEMINOLE, Florida 33772  
(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.

  
(Registered agent's signature)

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 SEP -8 PM 4:23

FILED


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: KRISTEN HULL HOUGHTON	<input type="checkbox"/> Manager	Name: CHRISTINE FRANKIE
<input type="checkbox"/> Member	Address: 12377 91ST AVE NO	<input type="checkbox"/> Member	Address: 12377 91ST AVE NO
<input type="checkbox"/> Authorized	SEMINOLE FL 33772	<input checked="" type="checkbox"/> Authorized	SEMINOLE FL 33772
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: 3025 East 18th Street	<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.

  
Kristen Hull Houghton (Sep 7, 2023 12:12:00)

Signature of an authorized person

KRISTEN HULL HOUGHTON

Typed or printed name of signer

9/7/23, 3:58 PM

Certificate of Standing

**IOWA SECRETARY OF STATE** FACSIMILE AUDIT NO.: H23000315433 3  
**PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 9/7/2023

Name: INNERWORKS THERAPY SERVICES, PLLC (489DPL - 711788)

Date of Incorporation: 5/11/2022

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS274310

To validate certificates visit:  
[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)

  
Paul D. Pate, Iowa Secretary of State

FACSIMILE AUDIT NO.: H23000315433 3