

M23000013727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

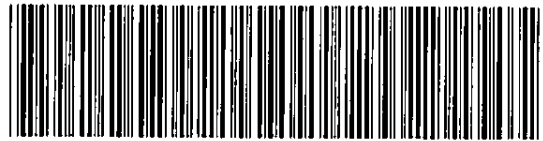
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 OCT 26 AM 8:18

CLERK OF COURT
TALLAHASSEE, FLORIDA

OCT 27 2023
K. Brumley

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 10/26/2023

Acc#120160000072

en: c DW

Name:	THE CENTERS DELRAY, LLC
Document #:	
Order #:	15190240

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

dtaverne@galementalhealth.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.⁰⁰

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Centers Delray, 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:

Dan Taverne

Name of Person

Galen Mental Health, LLC

Firm/Company

13800 Tech City Circle, Suite 322

Address

Alachua, FL 32615

City/State and Zip Code

dtaverne@galenmentalhealth.com

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

For further information concerning this matter, please call:

Dan Taverne

425

531-1528

Name of Contact Person

at (_____) _____

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. The Centers Delray, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-3084530
(FEI number, if applicable)

4. April 20, 2023
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 4600 Linton Blvd.
(Street Address of Principal Office)

Suite 240

Delray Beach, FL 33445

6. 4600 Linton Blvd.
(Mailing Address)

Suite 240

Delray Beach, FL 33445

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

Name: CT Corporation System

Office Address: 1200 S Pine Island Rd #250

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.

Stephanie Hencz
(Registered agent's signature)

Stephanie Hencz, Assistant Secretary

APPROVED
AND
FILED
2023 OCT 26 AM 8:18

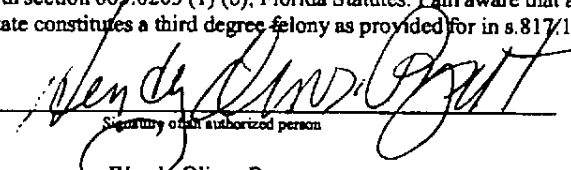
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Galen Hope Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>c/o Galen Mental Health, LLC</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>13800 Tech City Circle, Suite 322</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Alachua, FL 32615</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Dr. Wendy Oliver-Pyatt</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>c/o Galen Mental Health, LLC</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>13800 Tech City Circle, Suite 322</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Alachua, FL 32615</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Amy Boyers</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>c/o Galen Mental Health, LLC</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>13800 Tech City Circle, Suite 322</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Alachua, FL 32615</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<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 authorized person
Wendy Oliver-Pyatt

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE CENTERS DELRAY, 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2023.

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



7340041 8300

SR# 20233824768

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204457886

Date: 10-26-23