

M24000001580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

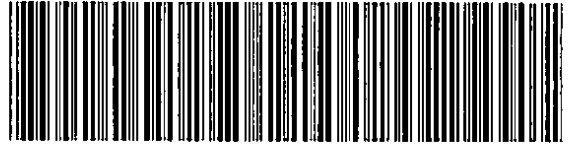
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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FEB 09 2024  
K. Brumley



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 02/08/2024

Name: Patrice Rush

Reference #: 2264878

Entity Name: BEACON OUTPATIENT MANAGEMENT, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other         Please provide certified copy upon filing

Authorized Amount: \$155.00

Signature:



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. Beacon Outpatient Management, 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. 87-4024298 (FEI number, if applicable)

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

5. 14707 Perkins Road (Street Address of Principal Office)
6. 14707 Perkins Road (Mailing Address)
Baton Rouge, LA 70810 Baton Rouge, LA 70810

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

Name: Cogency Global Inc.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

2024 FEB - 8 PM 7:46
FILED

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.

Lisa Workman

(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 type="checkbox"/> Manager	Name: <u>Beacon Behavioral Support Services, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Phillip Sean Wendell</u>
<input checked="" type="checkbox"/> Member	Address: <u>14707 Perkins Road</u>	<input type="checkbox"/> Member	Address: <u>14707 Perkins Road</u>
<input type="checkbox"/> Authorized	<u>Baton Rouge, LA 70810</u>	<input type="checkbox"/> Authorized	<u>Baton Rouge, LA 70810</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input checked="" type="checkbox"/> Other <u>CEO</u>


<input type="checkbox"/> Manager	Name: <u>John Roberts</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>14707 Perkins Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Baton Rouge, LA 70810</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CFO</u>	<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.

DocuSigned by:  
  
5E830AE39BA3425

Signature of an authorized person

Phillip Sean Wendell

Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON OUTPATIENT MANAGEMENT, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2024.

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



  
Jeffrey W. Bullock, Secretary of State

6474031 8300

SR# 20240167772

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202620470

Date: 01-18-24