

M24000009071

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Foreign Limited Liability Company
AP THERAPY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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2024 JUL 16 PM 1:43

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 JUL 16 PM 1:01

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AP THERAPY LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

SEQUOIA CARE OUTPATIENT THERAPY SERVICES LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. DELAWARE

(Jurisdiction under the laws of which foreign limited liability company is organized)

3.

(DTL number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration
(See sections 605.001 & 605.002, F.S., to determine penalty liability))

5540 Centerview Dr, Suite 200-219

5. Street Address of Principal Office)

5540 Centerview Dr, Suite 200-219

6. Mailing Address

Raleigh, NC 27606

Raleigh, NC 27606

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

Name

INTERSTATE AGENT SERVICES, LLC

Office Address

105 SE 2ND STREET SUITE 2000 #209

MIAMI

33131

Florida

(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)

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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>
☐ Manager	Name <u>HC Family Trust</u>	☐ Manager	Name <u>Zanziper Family Trust</u>
☒ Member	Address <u>980 Sylvan Ave</u>	☒ Member	Address <u>980 Sylvan Ave</u>
☐ Authorized	<u>Englewood Cliffs, NJ 07632</u>	☐ Authorized	<u>Englewood Cliffs, NJ 07632</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name <u>PPG FE Group LLC</u>	☐ Manager	Name _____
☒ Member	Address <u>980 Sylvan Ave</u>	☐ Member	Address _____
☐ Authorized	<u>Englewood Cliffs, NJ 07632</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name _____	☐ Manager	Name _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ 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

Coleen Jeter

Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AP THERAPY 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 TENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AP THERAPY LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

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



6996882 8300

SR# 20243104751

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203895351

Date: 07-10-24

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