Division of Corporations

Florida Department of State Division of Corporations

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Division of Corporations

To:

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (813)436-5206

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

| Empil | Address: | | | |
|-------|----------|--|--|--|
| | Address: | | | |

Foreign Limited Liability Company Pursuit Mental Health and Recovery PLLC LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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Corporate Filing Menu-

Help

Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 805,080E, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA

| | and Recovery PLLC LLC Limited Liability Company; must include "Limited | d Liability | Company, "L.I. C.," or "LLC.") | | | | |
|--|--|----------------|--|---|--|--|--|
| | name adopted for the purpose of transacting business in H | e de The | | Okates Commune "OLI C" actilic | | | |
| | name adopted for the purpose of transacting pustness in () | ierala i ne a | Remate subte must meatee (content to | aging Company (E.C.), or i.e. | | | |
| Washington Thursdiction under the law of which toleren limited habitity company is oreanized. | | | 3. 921467781 (FF) number, it applicable) | | | | |
| | | | | | | | |
| | (Date hist transacted business in Florida, at prior to usee sections 605 0904 & 605 0905, F.S. to determine | trensitation | 3 | *************************************** | | | |
| | (See sections 605 0904 & 605 0905, F.S. to determine | ine penalty i | rupilité t | | | | |
| 522 W RIVERSIDE AV | E | , ! | 522 W RIVERSIDE AVE | | | | |
| rect Address of Principal Office) | | 6, " | (Mailing Address) | | | | |
| STE N | | <u>;</u> | STEN | | | | |
| Spokane WA 99201 | | | Spokane WA 99201 | | | | |
| Name and street addres | s of Florida registered agent: (P.O. Box | . <u>NOT</u> a | rceptable) | 0 , 3 | | | |
| Name: | Northwest Registered Agent LLC | | | .5.27 | | | |
| Office Address. | 7901 4th St N STE 300 | | | | | | |
| | St. Petersburg | | . Florida <u>33702</u> | 2: t ₃ | | | |
| | 16.00% | | t/m 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)

Page: 3/4

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

| Title or Capacity: | Name and Address: | Title or Capacity | <u>v:</u> | Name and Address: |
|--------------------|-----------------------------|-------------------|-------------------|--------------------|
| ⊏Manager | Stephen Martin | □ Manager | Name: | |
| X Member | Address: 2207 E CARDINAL ST | ClMember | Address: | |
| □Authorized | springfield MO 65804 | UAnthorized | | - <u>-</u> |
| Person | | Person | | |
| □Other | | □ Other | <u>-</u> <u>-</u> | □Other |
| □Munager | Nume: | C.Mimager | Nume: | |
| ⊡Member | Address: | l !Member | Address: | <u>-</u> . <u></u> |
| []Authorized | | F. Authorized | | |
| Person | | Person | | |
| □Other | Other | (□Other | ···· | LiOther |
| ∟Manager | Name: | L!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.

Segnature of an authorized person

Nat Smith



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PURSUIT MENTAL HEALTH AND RECOVERY PLLC

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/06/2023.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/27/2024 UBI Number: 605-012-842

R Hohlie



 Given choosens made oral the Scale of the State of Washington at Olympia, the State Capital

Steve R. Hobby Secretary of State

Date Issued 198 27 2024