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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

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each Chiropractic LLC Name of Limited Liability Company SUBJECT:

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:

Todd Leach Name of Person each Chiropractic Firm/Company 210 FLORida ALA Address Satellite Beach, FL, 32937 City/State and Zin Code <u>Fock</u><u>H</u> <u>E-mail address:</u> (to be used for future annual report notification) For further information concerning this matter, please call: $\frac{at}{602} = \frac{518 - 4851}{Area Code}$ Todd_ Name of Contact Person STREET ADDRESS: MAILING ADDRESS: **Division of Corporations Division of Corporations Registration Section** Registration Section Clifton Building P.O. Box 6327

Enclosed is a check for the following amount:

S125.00 Filing Fee

Tallahassee, FL 32314

S130.00 Filing Fee & Certificate of Status

S155.00 Filing Fee & Certified Copy

2661 Executive Center Circle

Tallahassee, FL 32301

S160.00 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 TIMITED I LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ٢

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ne unavailable, enter alternate name adopted for the purpose of transacting business in Flo	nda. The alternate name must include "Limited Liability Company, "LLC, or LLC
(Jurisdiction under the law of which foreign limited liability company is organized)	3(if[E] number, if applicable)
(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)
210 Florida A1 A (Street Address of Principal Office)	6. 210 FLOFIDA AJA
Satellite Beach	Satellite Beach
EL, 32937	F1,32937

Name:	Todd Lench	C.	200	
Office Address:	459 Ibis lone unit 4-12	;	ジー・ナ	÷.
		X37		•
and agent's poor				

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 age signature)

 The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Title or Capacity:</u> <u>Name and Address;</u>

Owner	Todd Leach
	459 Ibis love unit 4-4
	Satellite Berch, FL, 32937

(Use attachments if necessary)

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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

lyped or printed name of signed

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Leach Chiropractic LLC

is a

Limited Liability Company

formed or registered on 12/16/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20218173595.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/02/2024 that have been posted, and by documents delivered to this office electronically through 10/07/2024 @ 11:03:34.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/07/2024 @ 11:03:34 in accordance with applicable law. This certificate is assigned Confirmation Number 16450328



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Secretary of State of the State of Colorado

End of Certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <u>Confirming the issuance of a certificate</u> is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov.click "Businesses, trademarks, trade names" and select "Frequently Asked Questions "



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company **must** submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

- \$100.00 Filing Fee for Application
- S 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year <u>following</u> formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the c-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at <u>www.sunbiz.org</u>. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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