

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

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

Email Address: mharris@toxstrategies.com

Foreign Limited Liability Company  
Tox Operations, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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. Tox Operations, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 88-4224875  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 23501 Cinco Ranch Blvd 6. 23501 Cinco Ranch Blvd  
(Street Address of Principal Office) (Mailing Address)

Ste H210 Ste H210

Katy, TX 77494 Katy, TX 77494

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

Name: CAPITOL CORPORATE SERVICES, INC.

Office Address: 515 E. PARK AVE., 2ND FL

TALLAHASSEE 32301  
(City) , Florida (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.

By: Stephanie Denny Stephanie Denny Asst Sec  
(Registered agent's signature)

FILED  
2024 NOV 22 PM 5:08  
SEC OF STATE  
TALLAHASSEE FL

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 checked="" type="checkbox"/> Manager	Name: <u>Mark Harris</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jesse Serventi</u>
<input type="checkbox"/> Member	Address: <u>23501 Cinco Ranch Blvd</u>	<input type="checkbox"/> Member	Address: <u>460 E. Swedesford Rd.</u>
<input type="checkbox"/> Authorized	<u>Katy, TX 77494</u>	<input type="checkbox"/> Authorized	<u>Suite 2050</u>
Person	<u></u>	Person	<u>Wayne, PA 19087</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Bradley Whitman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Pat Heath, Director</u>
<input type="checkbox"/> Member	Address: <u>460 E. Swedesford Rd.</u>	<input type="checkbox"/> Member	Address: <u>460 E. Swedesford Rd.</u>
<input type="checkbox"/> Authorized	<u>Suite 2050</u>	<input type="checkbox"/> Authorized	<u>Suite 2050</u>
Person	<u>Wayne, PA 19087</u>	Person	<u>Wayne, PA 19087</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Laurie Couture Haws</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Deborah Proctor</u>
<input type="checkbox"/> Member	Address: <u>9390 Research Blvd</u>	<input type="checkbox"/> Member	Address: <u>27405 Puerta Real</u>
<input type="checkbox"/> Authorized	<u>Bldg II, Ste 1100</u>	<input type="checkbox"/> Authorized	<u>Suite 320</u>
Person	<u>Austin, TX 78759</u>	Person	<u>Mission Viejo, CA 92691</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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:  
Mark Harris  
6DFA45C645DE403 Signature of an authorized person  
Mark Harris  
Typed or printed name of signer

ATTACHMENT TO FL APPLICATION TO TRANSACT BUSINESS

8.

*Name and Title*

*Address*

Renaat Van de Hoof, Director

23501 Cinco Ranch Blvd, Ste H210, Katy, TX 77494

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "TOX OPERATIONS, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2024.

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



7067207 8300

SR# 20244249145

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204907166

Date: 11-19-24