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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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Foreign Limited Liability Company Gifted Behavioral Health LLC

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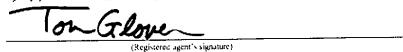
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Oregon		_. 84-5157841		
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)	(FEI number, if applicab	ole)	
	(Date first transacted business in Florida, if prior t iSee sections 605 0004 & 605 0005, F.S. to deten	a registration.) runc penalty institity)		
7901 4th S	St N	6. 7901 4th St N		
STE 300	rincipal Office)	STE 300		
St. Petersb	urg FL 33702	St. Petersburg FL 33702		
Name and street address	is of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	LLAHA!	
Name:	Northwest Registered A		AM 9: 0	
Office Address:	7901 4th St N ST	E 300	변호 6 - 0	
Office Address.	St. Petersburg	33702		

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.



Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:
Manager	Name: Felicia Turner	Manager	Name:
Member	Address: 7901 4th St N STE 300	Member	Address:
Authorized	St. Petersburg	Authorized	
Person	FL	Person	
Other	O1her	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a cert jurisdiction under the of the translator mu	is executed in accordance with section 605.0203 ment to the Department of State constitutes a th	orida Department of Sta duly authenticated by the e is in a foreign languag 3 (1) (b), Florida Statuto	the Annual Report form. The official having custody of records in the ge, a translation of the certificate under oath test. I am aware that any false information

Typed or printed name of signce

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 533L516U5

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

GIFTED BEHAVIORAL HEALTH LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE
1/11/2022