

M/500001282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

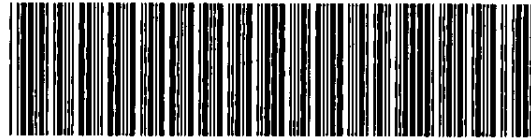
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2015
S. YOUNG



COHEN GARELICK & GLAZIER

A Professional Corporation of Attorneys at Law

Jeffrey A. Adams

E-Mail: jadams@cgglawfirm.com

Direct Dial: (317) 819-0520

*Master of Laws in Taxation

February 5, 2015

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Interactive School Therapy, LLC

Dear Sir/Madam:

Enclosed please find an original and two (2) copies of each of the following documents:

- 1) Cover Letter;
- 2) Application by Foreign Limited Liability Company to Transact Business;
- 3) Certificate of Designation of Registered Agent; and,
- 4) Certificate of Existence issued by the Indiana Secretary of State.

I am also enclosing a check made payable to the Florida Secretary of State for \$125.00 which represents the filing fee along with a self-addressed stamped envelope for your convenience in returning file-marked copies and receipt for the filing fee.

Should you have any questions or need anything further, please do not hesitate to contact me or my assistant Amber Harper.

Sincerely,

COHEN GARELICK & GLAZIER

Jeffrey A. Adams

JAA:arh
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Interactive School Therapy, LLC
Name of Limited Liability Company

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:

Susan Wilkins

Name of Person

Interactive School Therapy, LLC

Firm/Company

P.O. Box 1070

Address

Greenwood, IN 46142

City/State and Zip Code

susan@interactiveschooltherapy.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Susan Wilkins

Name of Contact Person

317

Area Code

250-6544

Daytime Telephone Number

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

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Interactive School Therapy, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.")

2. Indiana 3. Not applicable, single member LLC
(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. 4674 Running Brook Terrace
Greenwood, IN 46143
(Street Address of Principal Office)

6. P.O. Box 1070
Greenwood, IN 46142
(Mailing Address)

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7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Susan Wilkins, Sole Member

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Susan S. Wilkins
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Susan Wilkins
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Interactive School Therapy, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Eric Strom

(Name)

19095 SE Coral Reef Lane

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Jupiter


FL

33548

City/State/Zip

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TALLAHASSEE FLORIDA

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



(Signature)

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

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

INTERACTIVE SCHOOL THERAPY LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 13, 2014, and was in existence or authorized to transact business in the State of Indiana on February 05, 2015.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

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TALLAHASSEE, FLORIDA



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of February, 2015.

Connie Lawson

Connie Lawson, Secretary of State

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