

N20000007690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

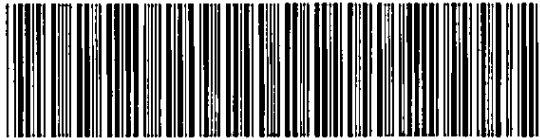
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YS
9/3/20 ✓



COLIN CLARENCE, P.A.

Private & Confidential

August 19, 2020

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

RE: The City Psychotherapy New York, LCSW, LLC

To whom it may concern:

Please find enclosed a corrected application by foreign limited liability company for authorization to transact business in Florida, in accordance with correspondence received from the Florida Department of State dated August 10, 2020 (copy enclosed).

Very truly yours,

Colin Clarence, P.A.

By:

Colin C. Small, CPA

2020 AUG 19 3 PM 2:23
Tallahassee, FL Division



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2020

COLIN C. SMALL
9314 FOREST HILL BLVD.
SUITE:64
WELLINGTON, FL 33411

SUBJECT: THE CITY PSYCHOTHERAPY NEW YORK, LCSW, PLLC
Ref. Number: W20000087154

We have received your document for THE CITY PSYCHOTHERAPY NEW YORK, LCSW, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 220A00014976

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SEP 03 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CITY PSYCHOTHERAPY NEW YORK, LCSW, PLLC
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:

COLIN C. SMALL
Name of Person
COLIN CLARENCE, P.A.
Firm/Company
9314 FOREST HILL BLVD., SUITE 64
Address
WELLINGTON, FL 33411
City/State and Zip Code
colin@colinclarence.com
E-mail address: (to be used for future annual report notification)

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9314 FOREST HILL BLVD
WELLINGTON, FLORIDA

For further information concerning this matter, please call:

COLIN C. SMALL at (561) 223-3688
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. THE CITY PSYCHOTHERAPY NEW YORK, LCSW, PLLC, 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. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 73 W. 82ND STREET, APT. 2E
(Street Address of Principal Office)

6. 73 W. 82ND STREET, APT. 2E
(Mailing Address)

NEW YORK, NEW YORK, 10024
NEW YORK, NEW YORK, 10024

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

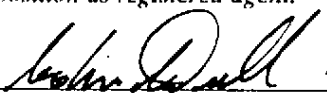
Name: COLIN CLARENCE, P.A.

Office Address: 120 S. OLIVE AVENUE, SUITE 703

WEST PALM BEACH, Florida 33401
(City) (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.


(Registered agent's signature)

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]:

Title or Capacity: Manager **Name and Address:**
 Name: DANIEL OLAVARRIA
 Address: 73 W. 82ND STREET, APT 2E
 NEW YORK, NEW YORK, 10024
 Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other Other

Title or Capacity: Manager **Name and Address:**
 Name: _____
 Address: _____
 Authorized _____
 Person _____
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other Other

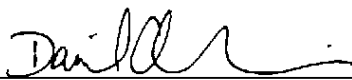
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other Other

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 TALLAHASSEE
 STATE ARCHIVES

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.



 Signature of an authorized person

DANIEL OLAVARRIA

 Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that THE CITY PSYCHOTHERAPY NEW YORK, LCSW, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/20/2020, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of June two thousand and twenty.

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State