

M240000001715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

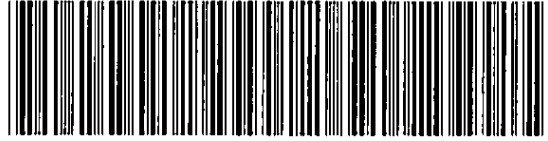
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/19/24--01011--003 **125.00

JAN 19 PM 1:35

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. Marriage Therapy for Medical Professionals, 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. Texas (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. Not applicable (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 216 Lakeland Drive (Street Address of Principal Office) Highland Village, TX 75077

6. 2221 Justin Road #119-264 (Mailing Address) Flower Mound, TX 75028

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702 (City) (Zip code)

JAN 19 PM 1:35

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.

David Roberts (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: **Name and Address:**

Manager Name: Noel Lopez-Freeman

Member Address: 216 Lakeland Drive

Authorized Highland Village, TX 75077

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Roberto Lopez-Freeman

Member Address: 216 Lakeland Drive

Authorized Highland Village, TX 75077

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

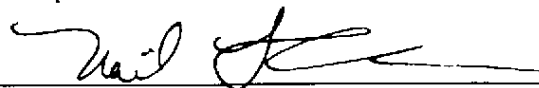
Person _____

Other _____ Other _____

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

Noel Lopez-Freeman

 Typed or printed name of signer



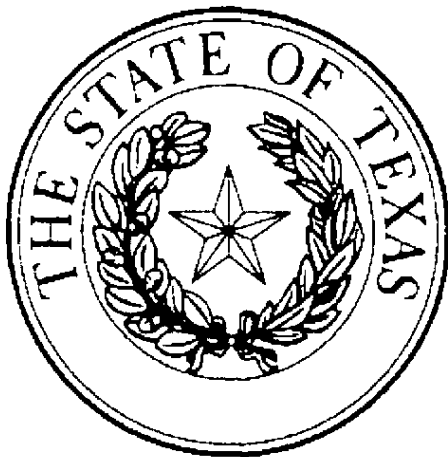
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Marriage Therapy for Medical Professionals, PLLC (file number 805311143), a Domestic Limited Liability Company (LLC), was filed in this office on November 20, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 09, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State



Franchise Tax Account Status

As of : 01/09/2024 14:36:55

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

MARRIAGE THERAPY FOR MEDICAL PROFESSIONALS, PLLC

Texas Taxpayer Number 32092549644

Mailing Address 2221 JUSTIN RD # 119264 FLOWER MOUND, TX 75028-4848

Right to Transact Business in Texas ACTIVE

State of Formation TX

Effective SOS Registration Date 11/20/2023

Texas SOS File Number 0805311143

Registered Agent Name NOEL JUDITH AGOSTON LOPEZ-FREEMAN

Registered Office Street Address 216 LAKELAND DR HIGHLAND VILLAGE, TX 75077