

M25000011189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

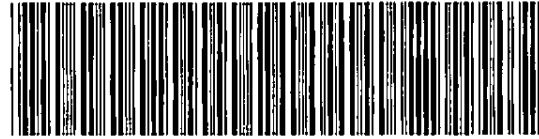
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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AND
RECEIVED

AUG 11 2025

Brumbley

MS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account #20210000160: \$ 125.00

Authorization Signature *[Signature]*

Need Treatment Now L.L.C. _____

Business Name _____ #Document

Walk in _____ Will wait

___ Certified Copy of the articles

___ Certificate of Status:

NEW FILINGS

___ Profit
___ Not for Profit
X LLC
___ Domestication
___ INC
___ CORP
___ LP

AMENDMENTS

___ Amendment
___ Resignation of R.A.
___ Change of Registered Agent
___ Revocation of Dissolution
___ Conversion
___ Statement of Authority
___ Merger
___ **REVOCATION OF DISSOLUTION**

OTHER FILINGS

___ TRANSMITTAL LETTER
___ Fictitious Name (Cancellation)
___ Statement of Authority

APOSTIL _____
___ Other

COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstatement
___ Statement of CORRECTION
___ Domestication of a Foreign Corp_

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEED TREATMENT NOW L.L.C.

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:

CARLOS MOSCONA

Name of Person

ZION CONSULTING

Firm/Company

2885 SANFORD AVE SW 22790

Address

GRANDVILLE MI 49418

City/State and Zip Code

acct.nanda@gmail.com

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

For further information concerning this matter, please call:

carlos moscona

Name of Contact Person

at (424)

Area Code

281-4466

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. NEED TREATMENT NOW L.L.C.

(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. CALIFORNIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-3157042

(FEI number, if applicable)

4. 08/04/2025

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

5. 1300 NW 17TH AVE

(Street Address of Principal Office)

6. 10211 VENICE BLVD

(Mailing Address)

SUITE 260

LOS ANGELES CA 90034

DELRAY BEACH FL 33445

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

Name: YOSEF GROSSMAN

Office Address: 1300 NW 17TH AVE SUITE 260

DELRAY BEACH

(City)

, Florida 33445

(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)

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AND
FILED

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>
☒ Manager	Name: <u>YOSEF GROSSMAN</u>	☐ Manager	Name: _____
☐ Member	Address: <u>1300 NW 17TH AVE</u>	☐ Member	Address: _____
☐ Authorized	<u>SUITE 260</u>	☐ Authorized	_____
Person	<u>DELRAY FL 33445</u>	Person	_____
☐ Other _____	☐ Other _____	☐ 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 _____

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

Yosef Grossman

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Need Treatment Now L.L.C.
Entity No.: 202251416663
Registration Date: 07/06/2022
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 04, 2025.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 354288128

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.