# 1100005449

(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:	
W07-37979	- 1
·	
B	

Office Use Only



600106542536

08/83/07--01031--013 \*\*160.00

SECRE IARY OF STATE TALLAHASSEE, FLORIC

i di i



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2007

DONALD L. FRANTY, CPA 455 VALLEYBROOK ROAD, SUITE 200 MCMURRAY, PA 15317

SUBJECT: F.F.T. LLC

Ref. Number: W07000037979

O7 SEP 10 AM 10: 30
SECRETARY OF STATE
TAIL AHASSEE STATE

We have received your document for F.F.T. LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 907A00048170

#### **COVER LETTER**

_	istration Section ision of Corporations
SUBJECT	F.F.T. LLC
	(Name of Limited Liability Company)
Florida," Co	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in ertificate of Existence, and check are submitted to register the above referenced foreign limited inpany to transact business in Florida.
Please retur	n all correspondence concerning this matter to the following:
	DONALD L. FRANTY CPA
	(Name of Person)  AHASSE TO SEP 10
	FRANTY + COMPANY PC  (Firm/Company)  FISTAL STATE OF THE
	455 VALLEYBROOK ROAD SUITE LOO A A CAD
٠	McMURRAY PA 15317 (City/State and Zip Code)
For further	information concerning this matter, please call:
<u> </u>	(Name of Person) at (724) 731-0150  (Area Code & Daytime Telephone Number)
Divi P.O.	ILING ADDRESS: sion of Corporations Division of Corporations Box 6327 Clifton Building ahassee, FL 32314 Center Circle
	Tallahassee, FL 32301  a check for the following amount: 25.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") FUNCTIONAL FAMILY THERAPY LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) TANUARY 2, 1999 (Date of Organization) PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual") OCTOBER (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) Street Address of Pri ipa 'Off(ce) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: JAMES F. ALEXANDER 4748 ICHABOD 1611 McGILNRA BLND. EAST 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off "al/having cur" frecords in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is 1 % foreign langua translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: SCIENTIFIC Signature of a member or an authorized representative of a me (In accordance with section 608.408(3), F.S., the execution of this document consti an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANTY

Typed or printed name of signee

DONALD

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

F.F.T. LLC	
If name unavailable, the alternate name to be used in the state of Florida	FE 7:
2. The name and the Florida street address of the registered agent and of	ffice are:
C T Corporation System	AM IO: 30  SEFLORIDA  THE FLORIDA  THE FLORI
(Name)	STATE CORIDA
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE	<u>.</u>
	3324
City/State/Zip	

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 608, Florida Statutes.

By: Ut | CT Corporation System

(Signature) Asct. Sec.

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

# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of F. F. T. LLC (Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
NEVADA (State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
FUNCTIONAL FAMILY THERAPY LLC  (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)  Date:    Date:
Mercal

SECRETARY OF STATE



O7 SEP 10 AMIN: 31
SECRETARY LI STATE
TALLAHASSEE. FLORIDA

## CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, F.F.T. LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 26, 1999, and is in good standing in this state.

I further certify, that the above limited liability company has Articles of Organization and no amendments on file in this office as of the date of this certificate.

A STATE OF THE STA

Electronic Certificate
Certificate Number: C20070724-0530
You may verify this electronic certificate
online at <a href="http://secretaryofstate.biz/">http://secretaryofstate.biz/</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 24, 2007.

ROSS MILLER Secretary of State