

M14000005406

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DATE 7/30/14  
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Eric Paskin  
~~AUTHORIZATION BY PHONE TO CORRECT MISSING OFFICER/TITLES AND ADDRESSES~~  
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TALLAHASSEE, FLORIDA

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7/30/14

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647

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: POTENTIAL 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:

ERIC PASKIN  
Name of Person

POTENTIAL LLC  
Firm/Company

~~65 ORIENTAL BLVD~~ ~~PENTHOUSE A~~ 450 NE 5th St., Suite 1  
Address

~~BROOKLYN NY 11235~~ Fort Lauderdale, FL 33301  
City/State and Zip Code

ERIC@POTENTIAL.LLC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC PASKIN at ( 561 ) 702-5246  
Name of Contact Person Area Code 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2014

ERIC PASKIN  
65 ORIENTAL BLVD PENTHOUSE A  
BROOKLYN, NY 11235

SUBJECT: POTENTIAL LLC  
Ref. Number: W14000043404

We have received your document for POTENTIAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00015176

**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. POTENTIAL LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

POTENTIAL BEHAVIORAL HEALTH ADVISORS 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. NY 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

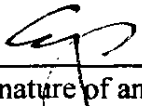
4. 8/1/14  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 450 NE 5<sup>th</sup> St., Suite 1, Fort Lauderdale, FL 33301  
~~716 NE 2ND AVE FORT LAUDERDALE FL 33304~~  
(Street Address of Principal Office)

6. ~~65 ORIENTAL BLVD PENITENTHOUSE A BROOKLYN NY 11235~~  
450 NE 5<sup>th</sup> St., Suite 1, Fort Lauderdale, FL 33301  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
ERIC PASKIN, MGRM, 450 NE 5<sup>th</sup> St., Suite 1, Ft. Lauderdale, FL 33301  
Brittany Tiger, MGRM, 450 NE 5<sup>th</sup> St., Suite 1, Ft. Lauderdale, FL, 33301

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)

  
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 in s. 817.02(1), F.S.)  
ERIC PASKIN  
Typed or printed name of signee

FILED  
JUL 30 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

POTENTIAL LLC

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

POTENTIAL BEHAVIORAL HEALTH ADVISORS LLC

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

ERIC PARKIN

(Name)

~~216 NE 2ND AVE~~ 450 NE 5th St, Suite 1

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

FOOT LAUDERDALE

FL

~~33304~~ 33301

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 605, Florida Statutes.*

EP

(Signature)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 30 PM 5:06

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State of New York  
Department of State } ss:

I hereby certify, that POTENTIAL LLC A NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/27/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED  
14 JUL 30 PM 5: 06  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

\*\*\*  
WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 11th day of July 200  
thousand and fourteen.

*Anthony Scardino*

Executive Deputy Secretary of State