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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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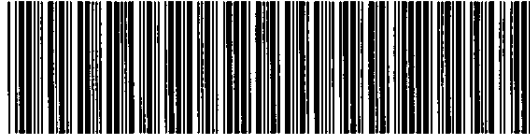
(Business Entity Name)

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TALLAHASSEE, FLORIDA

JUN 10 2015

J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2015

GODFREY SEARS
5401 S KIRKMAN RD SUITE 310
ORLANDO, FL 32819

SUBJECT: INTERNATIONAL CENTER FOR MENTAL NEUROLOGICAL AND
CHRONIC DISORDERS, LLC
Ref. Number: W15000035422

We have received your document for INTERNATIONAL CENTER FOR MENTAL NEUROLOGICAL AND CHRONIC DISORDERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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: 015A00010508

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL CENTER FOR MENTAL, NEUROLOGICAL, AND CHRONIC DISORDERS, 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:

DR. GODFREY SEARS, PSYD, NPSY, MPP
Name of Person

INTERNATIONAL CENTER FOR MENTAL, NEUROLOGICAL, AND CHRONIC DISORDERS, LLC
Firm/Company

5401 S. KIRKMAN ROAD, SUITE 310
Address

ORLANDO FL 32819
City/State and Zip Code

neuropsydoctor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. GODFREY SEARS, PSYD, NPSY, MPP at (917) 755-7326
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

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. INTERNATIONAL CENTER FOR MENTAL NEUROLOGICAL AND CHRONIC DISORDERS, 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. VIRGINIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-2730052
(FEI number, if applicable)

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

5. 5401 S. KIRKMAN Rd., SUITE 310
ORLANDO, FL. 32819
(Street Address of Principal Office)

6. _____
(Mailing Address)

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

Name: DR. GODFREY SEARS

Office Address: 5401 S. KIRKMAN Rd. SUITE 310

ORLANDO
(City)

, Florida 32819
(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

DR. GODFREY SEARS, DIRECTOR
5401 S. KIRKMAN Rd. SUITE 310
ORLANDO FL. 32819

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)

[Signature]
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 for in s.817.155, F.S.)

DR. GODFREY SEARS
Typed or printed name of signee

FILED
15 JUN 10 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That International Center for Mental, Neurological, and Chronic Disorders, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 30, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

FILED
15 JUN 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signed and Sealed at Richmond on this Date:
April 17, 2015

Joel H. Peck

Joel H. Peck, Clerk of the Commission