

From:

Division of Corporations

08/08/2015 16:22

#087 P.002/004

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (614)227-1936
Fax Number : (239)593-2990

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MARISASERRATO@yahoo.com

Foreign Limited Liability Company
Serrato Psychiatric Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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SEP 09 2015

J SHIVERS

From:

09/08/2015 16:22

#087 P.001/004

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERRATO PSYCHIATRIC SERVICES, 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:

MARISA SERRATO, M.D.

Name of Person

SERRATO PSYCHIATRIC SERVICES, LLC

Firm/Company

11642 BROOKSHIRE DRIVE

Address

ORLAND PARK, IL 60467

City/State and Zip Code

marisaserrato@yahoo.com

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

For further information concerning this matter, please call:

W. JEFFREY CECIL, ESQ.

239

593-2950

Name of Contact Person

at ()

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

From:

09/08/2015 16:22

#087 P.003/004

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. SERRATO PSYCHIATRIC SERVICES, 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. ILLINOIS 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 11642 BROOKSHIRE DRIVE
ORLAND PARK, ILLINOIS 60467
(Street Address of Principal Office)

6. 11642 BROOKSHIRE DRIVE
ORLAND PARK, ILLINOIS 60467
(Mailing Address)

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

Name: W. JEFFREY CECIL, ESQ.
Office Address: 9132 STRADA PLACE, FL. 3
NAPLES, Florida 34108
(City) (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.

W. Jeffrey Cecil
(Registered agent's signature)

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

MARISA SERRATO, M.D., MANAGING MEMBER

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)

W. Jeffrey Cecil
Signature of an authorized person

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.

W. JEFFREY CECIL, ESQ.

Typed or printed name of signer

15 SEP - 8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

09/08/2015 16:23

#087 P.004/004

File Number

0411135-4

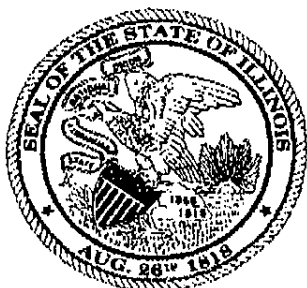


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SERRATO PSYCHIATRIC SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

FILED
15 SEP 23 AM 8:59
CLERK OF STATE
TALLAHASSEE, FLORIDA



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of SEPTEMBER A.D. 2015 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1525000496 verifiable until 09/07/2016
Authenticate at: <http://www.cyberdriveillinois.com>