

W190000010027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

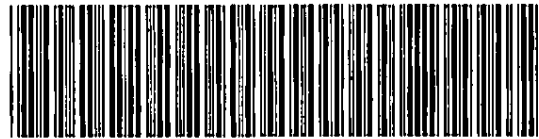
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W190000084788

Office Use Only



900333519919

09/09/19--01029--019 **125.00

TALLAHASSEE, FLORIDA

2019 OCT 17 PM 4:43

FILED

Y SCOTT

OCT 19 2019





FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2019

CHRISTI DUTCHESS
6411 BORASCO DR. #218
MELBOURNE, FL 32940

SUBJECT: PLAYTIME THERAPY SOLUTIONS LLC
Ref. Number: W19000084788

SEP 17 2019 11:11 AM

We have received your document for PLAYTIME THERAPY SOLUTIONS 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):

The jurisdiction under the laws of which the entity is incorporated or organized must be included 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 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.

Yvette Scott
Document Specialist II

Letter Number: 619A00019358

I am awaiting the original to submit

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Playtime Therapy Solutions 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:

Christ Dutchess

Name of Person

Playtime Therapy Solutions

Firm/Company

6411 Borasco Dr.

Address

Melbourne, FL 32940

City/State and Zip Code

christdutchess@gmail.com

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

For further information concerning this matter, please call:

Christ Dutchess

Name of Contact Person

at

317

Area Code

441 7386

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:

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

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TALLAHASSEE, FLORIDA

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. Playtime Therapy Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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. Indiana 3. 26-2455278
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 15, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6411 Borasco Dr #218 6. 6411 Borasco Dr #218
(Street Address of Principal Office) (Mailing Address)

Melbourne, FL

Melbourne, FL

32940

32940

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

Name: Christi Dutchess

Office Address: 6411 Borasco Dr #218

Melbourne

(City)

Florida

32940

(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.

Christi Dutchess
(Registered agent's signature)

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]:

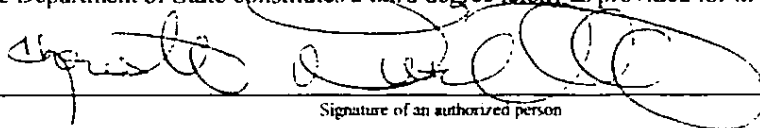
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Christi Dutchess		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	6411 Borasco Dr #218		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Melbourne, FL		<input type="checkbox"/> Authorized			
Person		32940		Person			
<input checked="" type="checkbox"/> Other	Owner	<input type="checkbox"/> Other		<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other			

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2010 OCT 17 PM 4:43
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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
Christi Dutchess
Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

PLAYTIME THERAPY SOLUTIONS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 11, 2011, and was in existence or authorized to transact business in the State of Indiana on October 10, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 10, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2011011200033 / 20191139254

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 09, 2019.

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
01/08/2019 06:45 PM

BUSINESS ENTITY REPORT

NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 2011011200033
BUSINESS TYPE Domestic Limited Liability Company
BUSINESS NAME PLAYTIME THERAPY SOLUTIONS LLC
ENTITY CREATION DATE 01/11/2011
JURISDICTION OF FORMATION Indiana
PRINCIPAL OFFICE ADDRESS 10870 CAMBRIDGE RD APT2H, Indianapolis, IN, 46234 - 2571, USA

YEARS FILED

YEARS 2019/2020

EFFECTIVE DATE

EFFECTIVE DATE 01/08/2019
EFFECTIVE TIME 6:45 PM

REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE Individual
NAME DJ TODD
ADDRESS 420 BRIDGEPORT ROAD, INDIANAPOLIS, IN, 46231 - 1112, USA
SERVICE OF PROCESS EMAIL christidutchess@gmail.com

I acknowledge that the Service of Process email provided above is the email address at which electronic service of process may be accepted and is publicly viewable.

PRINCIPAL(S)

No Principal on record.

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
01/08/2019 06:45 PM

SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **January 8, 2019**.

SIGNATURE

Christi T Dutchess

TITLE

Manager

Business ID: 2011011200033
Filing No.: 142998

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

OCT 17 PM 4:43

FILED

State of Indiana
Office of the Secretary of State
CERTIFICATE OF ORGANIZATION
of

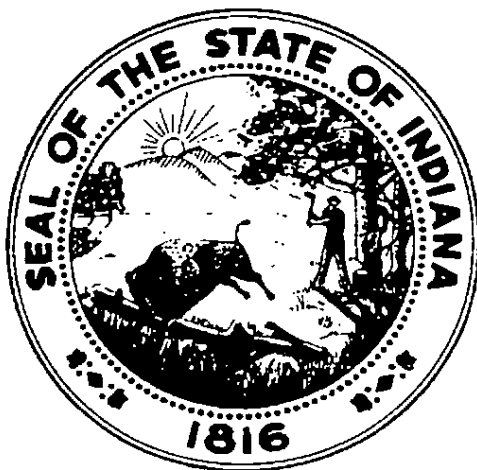
PLAYTIME THERAPY SOLUTIONS LLC

I, Charles P. White, Secretary of State of Indiana, hereby certify that Articles of Organization of the above Domestic Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

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TALLAHASSEE, FLORIDA

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, January 11, 2011.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 12, 2011



Charles P. White

CHARLES P. WHITE,
SECRETARY OF STATE

RECEIVED 01/11/2011 09:49 PM

RECEIVED 01/11/2011 03:46 PM

APPROVED AND FILED
CHARLES P. WHITE
INDIANA SECRETARY OF STATE
1/11/2011 9:49 PM

ARTICLES OF ORGANIZATION

Formed pursuant to the provisions of the Indiana Business Flexibility Act.

ARTICLE I - NAME AND PRINCIPAL OFFICE

PLAYTIME THERAPY SOLUTIONS LLC

8812 STONEWALL DRIVE, INDIANAPOLIS, IN 46231-2571

ARTICLE II - REGISTERED OFFICE AND AGENT

DJ TODD

420 BRIDGEPORT ROAD, INDIANAPOLIS, IN 46231-1112

ARTICLE III - GENERAL INFORMATION

What is the latest date upon which the entity is to Perpetual
dissolve?:

Who will the entity be managed by?: Members

Effective Date: 1/11/2011

Electronic Signature: CHRISTI T DUTCHESS

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BUSINESS INFORMATION
CONNIE LAWSON
INDIANA SECRETARY OF STATE
09/05/2019 01:42 PM

Business Details

Business Name: **PLAYTIME THERAPY SOLUTIONS LLC** Business ID: **2011011200033**
Entity Type: **Domestic Limited Liability Company** Business Status: **Active**
Creation Date: **01/11/2011** Inactive Date:
Principal Office Address: **10870 CAMBRIDGE RD APT2H,
Indianapolis, IN, 46234 - 2571, USA** Expiration Date: **Perpetual**
Jurisdiction of Formation: **Indiana** Business Entity Report Due
Date: **01/31/2021**
Years Due:

Registered Agent Information

Type: **Individual**
Name: **DJ TODD**
Address: **420 BRIDGEPORT ROAD, INDIANAPOLIS, IN, 46231 - 1112, USA**

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