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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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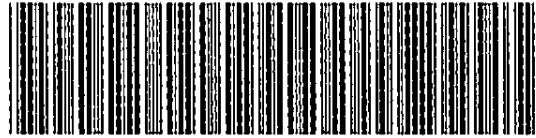
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUX PSYCHIATRY, PLLC

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:

PRISCILLA HIDALGO

Name of Person

LUX PSYCHIATRY, PLLC

Firm/Company

3201 EDWARDS MILL RD. STE 141 #489

Address

RALEIGH, NC 27612

City/State and Zip Code

INFO@LUXPSYCHIATRY.COM

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

For further information concerning this matter, please call:

PRISCILLA HIDALGO

704

450-8522

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2020

PRISCILLA HIDALGO
3201 EDWARDS MILL RD STE 141 #489
RALEIGH, NC 27612

SUBJECT: LUX PSYCHATRY, PLLC
Ref. Number: W20000060702

We have received your document for LUX PSYCHATRY, PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must have a principal address.,

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 320A00011859

RECEIVED
JUN 29 2020

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. LUX PSYCHIATRY, PLLC

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

Lux Psychiatry, 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. NORTH CAROLINA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2142177

(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. 3201 Edwards Mill Rd

(Street Address of Principal Office)

6. 3201 EDWARDS MILL RD

(Mailing Address)

Ste. 141 #489

STE. 141 #489

Raleigh, NC 27612

RALEIGH, NC 27612

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

Name: JULIO ACEVEDO

Office Address: 1410 PON PON CT

ORLANDO

(City)

, Florida

32825

(Zip code)

and agent's acceptance:

I, Julio Acevedo, being named as registered agent and to accept service of process for the above stated limited liability company at the place specified in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent.

(Registered agent's signature)

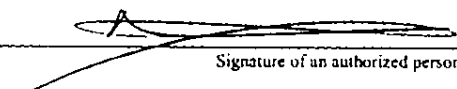
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: PRISCILLA HIDALGO	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5527 JESSIP ST	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	MORRISVILLE, NC 27560	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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"/> 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"/> Other _____


Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-duals may be added to the index when filing your Florida Department of State Annual Report form.

certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)

It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person



Typed or printed name of signee



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

LUX PSYCHIATRY, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 1st day of November, 2018.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of May, 2020.

Elaine F. Marshall

Secretary of State