

M200000005890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

CERISSA BLANEY, Ph.D., LLC

SUBJECT: _____
Name of Limited Liability Company

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:

KATHRYN V. ROSS

Name of Person

KATHRYN V. ROSS, CPA, P.A.

Firm/Company

3823 N. ECONLOCKHATCHEE TRAIL, UNIT D-5

Address

ORLANDO, FL 32817

City/State and Zip Code

kross@krossecpa.com

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

For further information concerning this matter, please call:

KATHRYN V. ROSS

407

673-1300

Name of Contact Person at (_____) _____
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 & ☐ \$155.00 Filing Fee & ☒ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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:

CERISSA BLANEY, Ph.D., LLC

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

If alternate name is 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."

RHODE ISLAND

3. 85-1104858

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

(FEI number, if applicable)

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

18 MAPLE AVENUE #292

6. 3823 N. ECONLOCKHATCHEE TRAIL UNIT D

(Principal Office Address)

(Mailing Address)

BARRINGTON, RI 02806

ORLANDO, FL 32817

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

Name: KATHRYN V. ROSS

Office Address: 3823 N. ECONLOCKHATCHEE TRAIL UNIT D-5

ORLANDO, Florida 32817
(City) (Zip code)

Registered agent's acceptance:

I, 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.

Kathryn V. Ross

(Registered agent's signature)

REC-1104858
FEB 29 PM 3:02

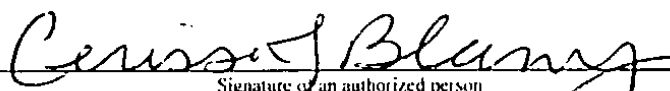
For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to page [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Manager | Name: CERISSA BLANEY | <input type="checkbox"/> Manager | Name: _____ |
| Member | Address: 18 MAPLE AVENUE #292 | <input type="checkbox"/> Member | Address: _____ |
| Authorized | BARRINGTON, RI 02806 | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

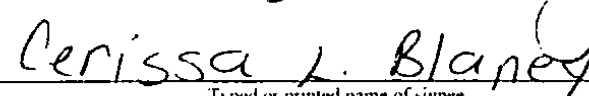
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-exempt individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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



Typed or printed name of signee



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

Cerissa Blaney, Ph.D., LLC

is a Rhode Island Limited Liability Company organized on **May 19, 2020**.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

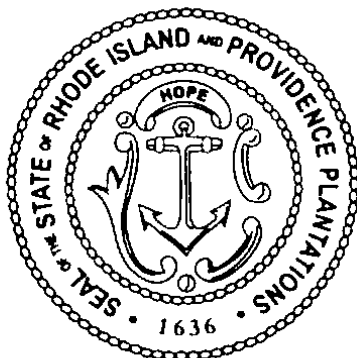
This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

2020 11 02 11:30:02

SIGNED and SEALED on

May 22, 2020

Secretary of State



Certificate Number: 20050052190

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli