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(City/State/Zip/Phone #)

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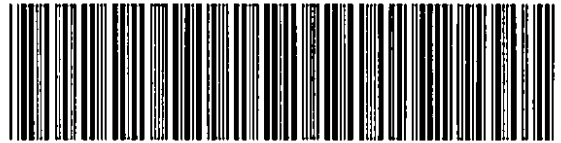
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W20000088214

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2020 AUG 31 PM 2:08  
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9/2/20  
us



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2020

VERED DOR, PSYD  
14333 BEACH BLVD.  
SUITE:33  
JACKSONVILLE, FL 32250

SUBJECT: NEW DAY PSYCHOLOGY, LLC  
Ref. Number: W20000088214

We have received your document for NEW DAY PSYCHOLOGY, LLC and your check(s) totaling \$160.00. 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 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: 720A00015183

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** New Day Psychology, 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:

Vered Dor, PsyD

Name of Person

New Day Psychology, LLC

Firm/Company

14333 Beach Blvd Suite 33

Address

Jacksonville, FL 32250

City/State and Zip Code

dr.vdor@gmail.com

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

For further information concerning this matter, please call:

Tracy Freeze

219

926-8320

at ( )

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. New Day Psychology, 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. 27-3916691  
(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. 14333 Beach Blvd Suite 33  
Jacksonville, FL 32226  
(Street Address of Principal Office)

6. 9230 Heckschur Dr  
Jacksonville, FL 32226  
(Mailing Address)

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

Name: Vered Dor, PsyD  
Office Address: 9230 Heckschur Dr  
Jacksonville, FL, Florida 32226  
(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.

Vered Dor PsyD  
(Registered agent's signature)

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

Vered Dor, PsyD / manager/owner  
9230 Heckschur Dr  
Jacksonville, FL 32226

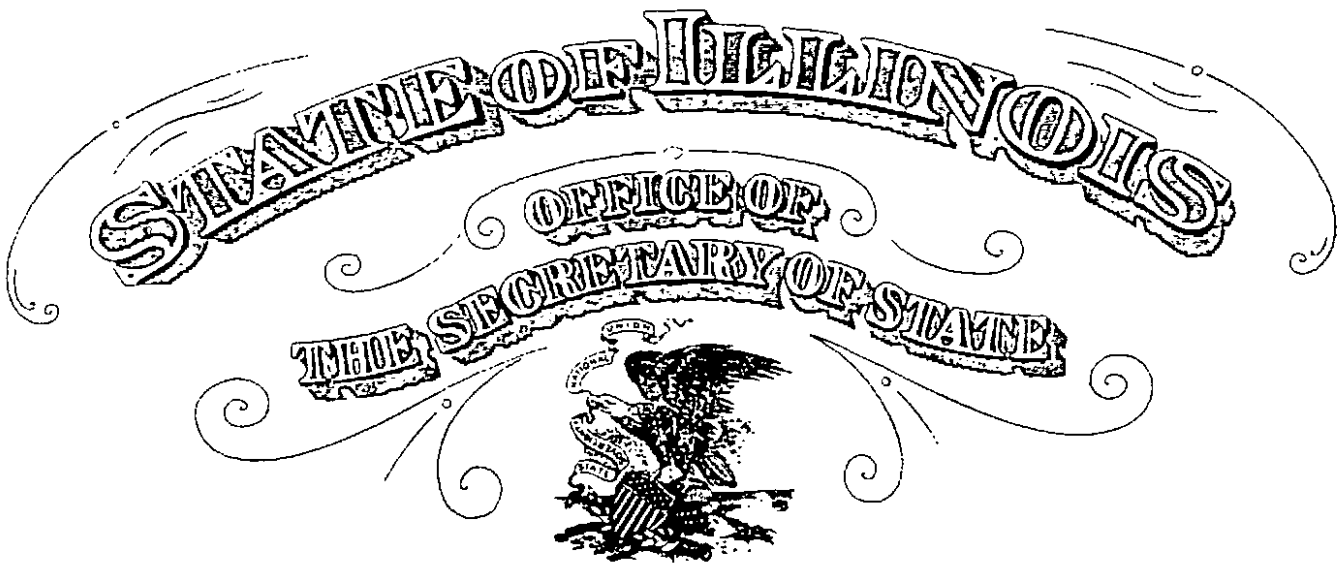
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

Vered Dor PsyD  
(Signature of 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.

Vered Dor, PsyD  
Typed or printed name of signer

2029 AUG 31 PM 2:08



**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

NEW DAY PSYCHOLOGY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 01, 2010. 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.



**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 15TH  
day of JULY A.D. 2020 .

*Jesse White*

SECRETARY OF STATE