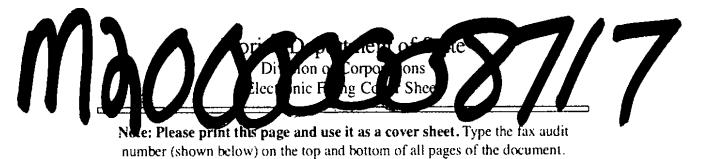
Division of Corporations

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address: 냜 Foreign Limited Liability Company Coping and Wellness Counseling LLC **.** Certificate of Status Certified Copy 05 Page Count \$130,00 Estimated Charge

(... - J 100

IN COMPLIANCE WITH SECTION 6 COMPANY TO TRANSACT BUSINESS	S INTHE STATE OF FLORIDA:	E FOLLOWI	NG IS SUBMITTED TO I	REGISTER A FO	OREIGN LIMITED L	LABILJT)
1. Coping and Wellness Course	cling LLC d Dability Company, must include "Gir	area Carlo	Campania and 1 C care	1177 <del>4</del>		
(Same of Foreign Exhitted	a Claiming Company, must mender ent	muxi extorat	y company, E.E.C., Of	tales. y		
(If name unavailable, enter alternate name ado)	upted for the purpose of transacting business	in Florida. The	akemate name must include "t	Linsted Liability Co	ompany," "LLC," or "EE	C.")
Wisconsin 2.		1				
(Jurisdiction under the law of which fore	eign limited liability company is organized)			FEI number, it app	licable)	
4	Date first transacted business in Florida, if prio See sections 605,0904 & 605 0905, F.S. to det	or to registratio termine penalty	n ) Hability)			
594 Aston Woods Ct			594 Aston Woods C			
5. (Street Address of Principal Office)		0.	(Mailing Address)			
Venice, FL 34293			Venice, FL 34293			
			-		****	
Activities and the second seco						
7. Name and street address of F	Florida registered agent: (P.O. F	Box NOT	acceptable)	E.	h.s.	
7. Name and street address of F	Florida registered agent: (P.O. F	Box <u>NOT</u>	acceptable)	<b>A</b>	ALC: ALC: IND:	

Registered agent's acceptance:

Office Address:

801 US Highway I

North Palm Beach

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.

(City)

, Florida

LUL	Lauren Underwood, Special Secretary
	(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
≣Manager	Name: William Mulcahy	□Manager	Name:
□Member	Address: 594 Aston Woods Ct	□Member	Address:
□Authorized	Venice, FL 34293	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other

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  Lauren Underwood, Attorney-in-fact		

## United States of America State of Wisconsin

## DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I. Patti Epstein, Administrator of the Division of Corporate and Consumer Services. Department of Financial Institutions, do hereby certify that

## COPING AND WELLNESS COUNSELING LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 21, 2015.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 05, 2020.

PATTI EPSTEIN, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

DFI/Corp/33

## To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

277266-9DEE7F7F