

W20000009353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

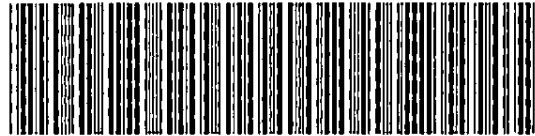
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2nd Dept Mr. Veracien
Gave permission to add
NAME to Application
US 10/19/20

W200000091193

Office Use Only



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08/03/20--01021--014 **130.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2020 OCT 19 PM 2:31

FILED

US
10/19/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2020

MICHAEL TYLER RAMOS
1701 W WETHERBEE ROAD
#772173
ORLANDO, FL 32877

SUBJECT: MICHAEL TYLER RAMOS LLC
Ref. Number: W20000091193

We have received your document for MICHAEL TYLER RAMOS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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: 720A00015727

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MTR Therapy, L.L.C.
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:

Michael Tyler Ramos
Name of Person
MTR Therapy, L.L.C.
Firm/Company
1701 W Wetherbee Road #772173
Address
Orlando, FL 32877
City/State and Zip Code
michael@mtrtherapy@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
CLERK OF THE COURT

For further information concerning this matter, please call:

Veronica Peña at (267) 997-7827
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

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. Michael Tyler Ramos, 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," "LLC," or "LLC.")

2. Philadelphia, PA 3. 300892296
(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. 201 S 18th Street Suite 204
(Street Address of Principal Office)

6. 1701 W Wetherbee Road Suite 72173
(Mailing Address)

Philadelpheia, PA 19103

Orlando, FL 32877

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

Name: Veronica Peña

Office Address: 1701 W Wetherbee Rd. Suite #772173

Orlando, FL , Florida 32877
(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.

Veronica Peña
(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: Michael Tyler Ramos	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 201 S 18th Street Suite 204	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Philadelphia, PA 19103	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Dante Barfield	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 201 S 18th Street Suite 204	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Philadelphia, PA 19103	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Veronica Peña	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1701 W Wetherbee Rd.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite #772173	<input type="checkbox"/> Authorized	_____
Person	Orlando, FL 32877	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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.

Veronica Peña
Signature of an authorized person

Veronica Peña
Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/28/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Michael Tyler Ramos, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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DEPARTMENT OF STATE
HARRISBURG, PENNSYLVANIA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathy Boockvar

Secretary of the Commonwealth

Certification Number: TSC200728121052-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>