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(Address)

(Address)

(City/State/Zip/Phone #)

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2020 DEC 10 PM 2:42

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DEC 11, 2020  
K. Brumley

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

Aras Occupational Therapy PLLC

**SUBJECT:** \_\_\_\_\_  
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:

Phaedra Mashburn-Olomo

\_\_\_\_\_  
Name of Person

Aras Occupational Therapy PLLC

\_\_\_\_\_  
Firm/Company

315 TILLMAN RD

\_\_\_\_\_  
Address

Quincy, FL 32352

\_\_\_\_\_  
City/State and Zip Code

pmashburnolomo@gmail.com

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

For further information concerning this matter, please call:

Phaedra Mashburn-Olomo

347

749-2167

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

**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:*

Aras Occupational Therapy PLLC

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

Aras Occupational Therapy PLLC, 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.")  
New York n/a

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

n/a

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

315 Tillman Rd

315 TILLMAN RD

5. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

Quincy, FL 32352

Quincy, FL 32352

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

Name: \_\_\_\_\_  
Phaedra Mashburn-Olomo

Office Address: \_\_\_\_\_  
315 Tillman Rd

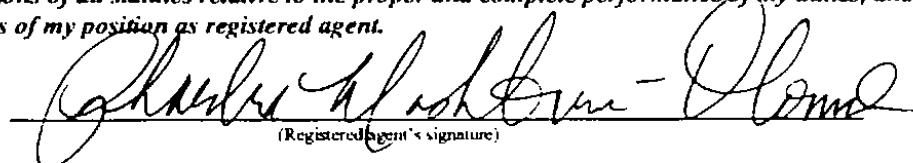
Quincy

32352

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

  
(Registered agent's signature)

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2020 DEC 10 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

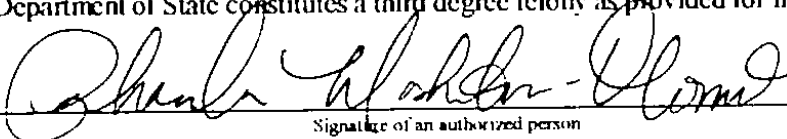
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Phaedra Mashburn-Olomo</u>	<input type="checkbox"/> Manager	Name: _____
	<u>315 TILLMAN RD</u>		
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
	<u>Quincy, FL 32352</u>		
<input checked="" 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 _____
<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 _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. No 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and 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

Phaedra Mashburn-Olomo

\_\_\_\_\_  
Typed or printed name of signee

State of New York  
Department of State } ss:

I hereby certify, that ARAS OCCUPATIONAL THERAPY PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/09/2015 and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of September two  
thousand and twenty.*

*Brendan C. Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State