



(((H21000077683 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. CREATIVE ARTS THERAPY AT MARIGOLD STUDIO 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. New York 83-4373172  
(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. 1011 Love Street 446 South Beach Road  
(Street Address of Principal Office) (Mailing Address)

Jupiter, FL 33477 Hobe Sound, FL 33455

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

Name: Jeck, Harris, Raynor &amp; Jones, P.A.

Office Address: 790 Juno Ocean Walk, Suite 600

Juno Beach 33408  
(City) Florida (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.Philippe Jeck, President  
Philippe Jeck  
(Registered agent's signature)

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FILED  
2021 FEB 25 PM 4:53  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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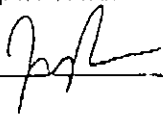
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: <u>Joey Modica Brown</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>446 South Beach Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Hobe Sound, FL 33455</u>	<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. 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.817.135, F.S.

X   
 \_\_\_\_\_  
 Signature of an authorized person  
 Joey Modica Brown  
 \_\_\_\_\_  
 Typed or printed name of signer

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State of New York  
Department of State } ss:

I hereby certify, that CREATIVE ARTS THERAPY AT MARIGOLD STUDIO PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/13/2019, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment CREATIVE ARTS THERAPY AT MARIGOLD STUDIO PLLC, changing its name to CREATIVE ARTS THERAPY AT MARIGOLD STUDIO LLC, was filed 10/16/2020.

STATE OF NEW YORK  
DEPARTMENT OF STATE  
FEB 25 2021

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FILED

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WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 09th day of February two  
thousand and twenty-one.

Brendan C. Hughes  
Executive Deputy Secretary of State

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