

M21000009285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

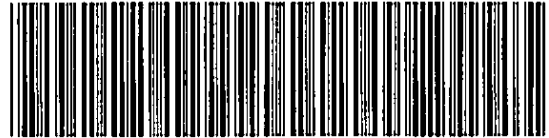
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TALLAHASSEE, FLORIDA

JUL 22 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Counseling of Bozeman 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:

Erin Clark

Name of Person

Advanced Counseling of Bozeman LLC

Firm/Company

PO Box 4734

Address

Bozeman, MT 59772

City/State and Zip Code

info@advancedcounselingbozeman.com

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

For further information concerning this matter, please call:

Teri Egan

Name of Contact Person

406

Area Code

580-4421

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:

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. Advanced Counseling of Bozeman 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. Montana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 811795596

(FEI number, if applicable)

4. N/A

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

5. 2007 E Silver Circle

(Street Address of Principal Office)

6. PO Box 4734

(Mailing Address)

Belgrade, MT 59714

Bozeman, MT 59772

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

Name:

Registered Agents Inc.

Office Address:

7901 4th St N STE 300

St. Petersburg

(City)

, Florida

33702

(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.

Bill Hume

(Registered agent's signature)

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CLERK 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]:

Title or Capacity: Name and Address:
☒ Manager Name: Erin Clark
☐ Member Address: 2007 E Silver Circle
☐ Authorized Bozeman, MT 59714
Person _____
☐ Other Sole proprietor ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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.

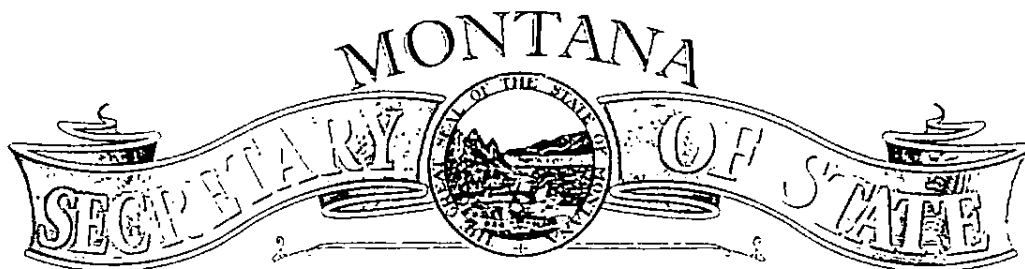
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

Erin Clark
Signature of an authorized person

Erin Clark
Typed or printed name of signer

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CLERK OF STATE
TREASURY DEPT



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

ADVANCED COUNSELING BOZEMAN LLC

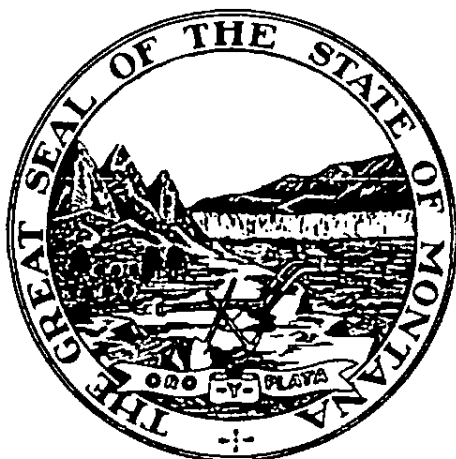
duly filed its **Articles of Organization for Domestic Limited Liability Company** in this office on **January 22, 2016**, and on that date was authorized to transact business in this state **for a term of perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 25th day of June, 2021.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 13734627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2021

ERIN CLARK
ADVANCED COUNSELING OF BOZEMAN, LLC
PO BOX 4734
BOZEMAN, MT 59772

SUBJECT: ADVANCED COUNSELING OF BOZEMAN, LLC
Ref. Number: W21000095737

We have received your document for ADVANCED COUNSELING OF BOZEMAN, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please select a title for Erin Clark. Sole Proprietor is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 921A00015291

Corrected document attached. Thank you!

RECEIVED
JUL 20 2021