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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

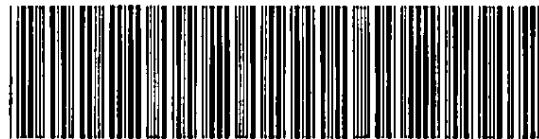
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FALL RIVER, MASSACHUSETTS  
T. LEMIEUX

JUL 28 2022  
T. LEMIEUX

## COVER LETTER

**TO:      Registration Section  
                Division of Corporations**

SUBJECT: Peterson Psychotherapy 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:

Hiley Peterson  
Name of Person

Peterson Psychotherapy LLC  
Firm/Company

3537 Beach Dr. SE  
Address

Saint Petersburg FL 33705  
City/State and Zip Code

Person Psychotherapy Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haley Person at ( 736 ) 417-1419  
Name of Contact Person      Area Code      Daytime Telephone Number

**Mailing Address:**

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## 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 &     \$155.00 Filing Fee &     \$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. Peterson Psychology 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. Texas

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

3. \_\_\_\_\_

(EIN number, if applicable)

4. Reside in FL only see Tx clients at this time

(Date first transacted business in Florida, if prior to registration.)

(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3537 Beach Dr. SE

(Street Address of Principal Office)

6. 3537 Beach Dr. SE

(Mailing Address)

St. Petersburg FL 33705

St. Petersburg FL 33705

2022 JUL 21 PM 4:12  
SUB. IN THE STATE  
OF FLORIDA  
, CASSIE, FLORIDA

FILED

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

Hailey Peterson

Name: 3537 Beach Dr. SE

Office Address: St. Petersburg FL 33705

St. Petersburg, Florida 33705  
(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.*

Hailey Peterson

(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 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"/> 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"/> 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 _____			

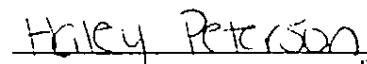
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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



Typed or printed name of signee

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



John B. Scott  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Peterson Psychotherapy PLLC (file number 804259731), a Domestic Limited Liability Company (LLC), was filed in this office on October 05, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 24, 2022.



A handwritten signature of John B. Scott.

John B. Scott  
Secretary of State