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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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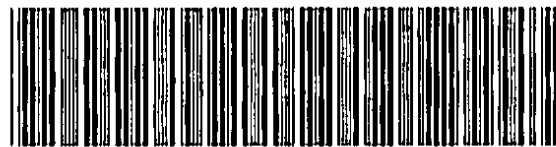
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JAN 01 2023

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SafeWaters Therapy 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:

Sara Kouten LCSW
Name of Person

SafeWaters Therapy LLC
Firm/Company

188 Pine Arbor Cir
Address

Saint Augustine FL 32084
City/State and Zip Code

SaraKouten@safewaterstherapy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Kouten LCSW at 904, 822-4347
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

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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. Safe Waters Therapy 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 Jersey 3. 86-3420360
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 188 Pine Arbor Cir
(Street Address of Principal Office)

6. 3501 N. Ponce de Leon Blvd
(Mailing Address)

Saint Augustine FL
32084

Suite B #256
Saint Augustine FL 32084

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

Name: Sara Kousen LCSW

Office Address: 188 Pine Arbor Cir

Saint Augustine FL 2 32084
(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.

[Signature]
(Registered agent's signature)

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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):

Title or Capacity:

Name and Address:

☒ Manager

Name: Sara Kouten LCSW

☐ Member

Address: 188 Pine Arbor Cir

☐ Authorized

Saint Augustine FL

Person

32084

☐ Other

☐ 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.

Sara Kouten LCSW

Signature of an authorized person

Sara Kouten LCSW

Typed or printed name of signer

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

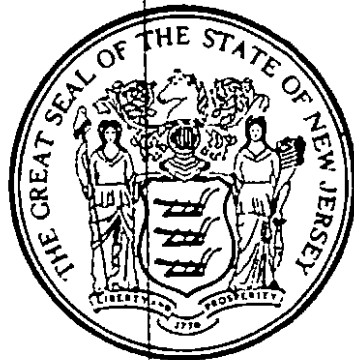
**SAFE WATERS THERAPY LLC
0450639441**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 22, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022

I further certify that the registered agent and office are:

STEVEN POLISEO
155 VILLAGE BLVD SUITE 310
PRINCETON, NJ 08540



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of November, 2022*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6137500677

Verify this certificate online at

https://www1.state.nj.us/TXTR_StandingCert/JSP/Verify_Cert.jsp



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2022

SARA KOUTEN LCSW
SAFEWATERS THERAPY
188 PINE ARBOR CIRCLE
ST. AUGUSTINE FL 32084

SUBJECT: SAFEWATERS THERAPY LLC
Ref. Number: W22000151316

We have received your document for SAFEWATERS THERAPY LLC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$76.25.

The form you submitted is for a Foreign Corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

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

Mel Solomon
Senior Section Administrator

Letter Number: 522A00027296

RECEIVED
JAN 05 2023