

M23000002511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

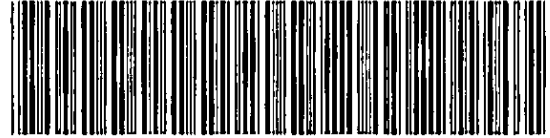
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SECRETARY OF STATE
H. KASSIRER, JR.

FILED

FEB 28 2023
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIGHTHOUSE 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:

GINA KILGORE

Name of Person

L&F BROWN, P.C.

Firm/Company

15305 DALLAS PARKWAY, STE. 1200 - TOWER 3

Address

ADDISON, TEXAS 75001

City/State and Zip Code

janet@lighthouse-therapy.com

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

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32303

2023 FEB 27 AM 10:38

FILED

For further information concerning this matter, please call:

GINA KILGORE

972

525-0139

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:

1. LIGHTHOUSE THERAPY LLC

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

LIGHTHOUSE ONLINE THERAPY SERVICES 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. MI

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

3.

(TEL number, if applicable)

4. November 4, 2022

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

5. 14493 S. Padre Island Dr

(Street Address of Principal Office)

6. 14493 S. Padre Island Dr

(Mailing Address)

Suite A, PMB 667

Suite A, PMB 667

Corpus Christi, TX 78418

Corpus Christi, TX 78418

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

Name:

Universal Registered Agents, Inc.

Office Address:

1317 California Street

Tallahassee,

(City)

Florida

32304

(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.

Patrick J. Cyberg

(Registered agent's signature)

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2023 FEB 27 AM 10:38
CLERK OF DISTRICT COURT
JANUARY 6TH 2023

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: Janet Courtney
☐ Member Address: 14493 S. Padre Island Dr
☐ Authorized Suite A, PMB 667
Person Corpus Christi, TX 78418
☐ 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: Michael Courtney
☐ Member Address: 14493 S. Padre Island Dr
☐ Authorized Suite A, PMB 667
Person Corpus Christi, TX 78418
☐ Other ☐ Other

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

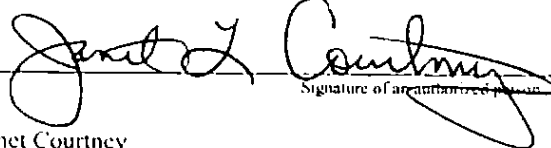
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

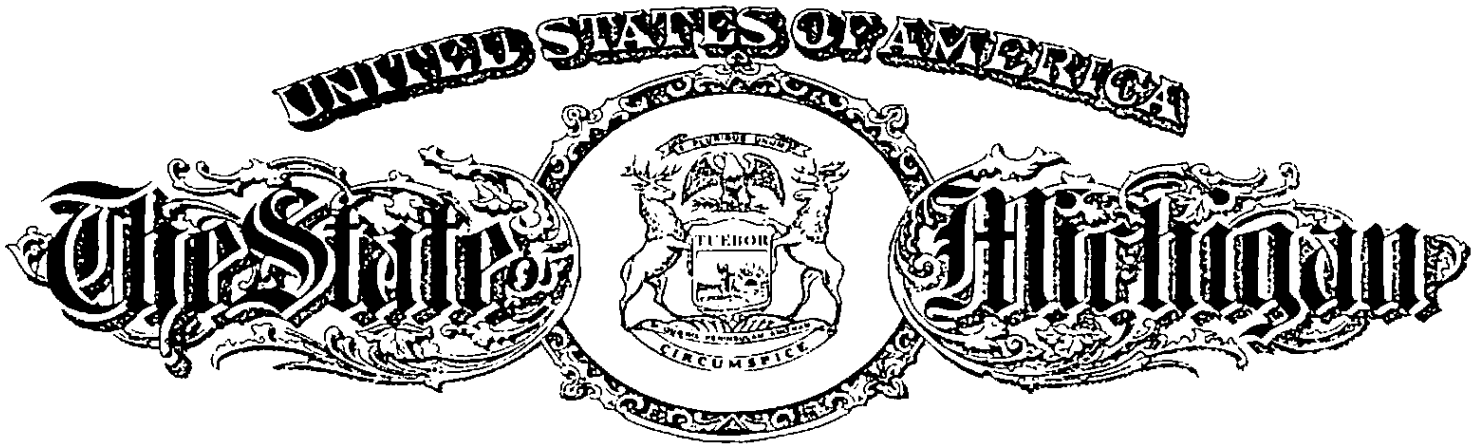
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CLERK OF THE COURT
JUDICIAL DISTRICT NO. 1
CORPUS CHRISTI, TEXAS

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
Janet Courtney
Typed or printed name of signer



This is to Certify That

LIGHTHOUSE THERAPY LLC

*was validly authorized on July 10, 2018, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 23010602109

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 30th day of January, 2023.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2023

GINA KILGORE
15305 DALLAS PARKWAY STE 1200 - TOWER 3
ADDISON, TX 75001 US

SUBJECT: LIGHTHOUSE THERAPY LLC
Ref. Number: W23000018858

We have received your document for LIGHTHOUSE THERAPY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin
Regulatory Specialist II

Letter Number: 323A00003350