

M230000006300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

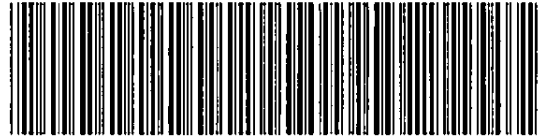
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Charges
made w/permission
from Karl Kunzi
on 5-16-23.
M. Solomon
W23000045956

Office Use Only



400404414914

03/13/23--01020--008 **160.00

FILED

2023 MAY 16 AM 10:31

M. SOLOMON

MAY 16 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrated Health Clinical Counseling P.L.L.C.

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:

Karl Kunzi

Name of Person

Integrated Health Clinical Counseling P.L.L.C.

Firm/Company

90 Fort Wade Road, Suite 100

Address

Ponte Vedra, FL 32081

City/State and Zip Code

kkunzi@integratedhealthcounseling.com

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

For further information concerning this matter, please call:

Karl Kunzi

734

720-9782

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

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2023 MAY 16 AM 10:31
CLERK OF STATE
TALLAHASSEE, FL 32303

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. Integrated Health Clinical Counseling Professional Limited Liability Company
(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. State of Michigan
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 900850032
(FEI number, if applicable)

4. not applicable
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 90 Fort Wade
(Street Address of Principal Office)

Suite 100

Ponte Vedra, FL 32081

6. 90 Fort Wade
(Mailing Address)

Suite 100

Ponte Vedra, FL 32081

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

Name: Karl Kunzi

Office Address: 90 Fort Wade, Suite 100

Ponte Vedra 32081
(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.

Karl Kunzi
(Registered agent's signature)

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2023 MAY 16 AM 10:31
CLERK OF STATE
TALLAHASSEE, FL 32399

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: Karl Kunzi

☐ Member Address: 90 Fort Wade

☐ Authorized Suite 100

Person Ponte Vedra, FL 32081

☐ 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 _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

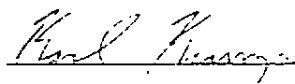
Person _____

☐ 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)

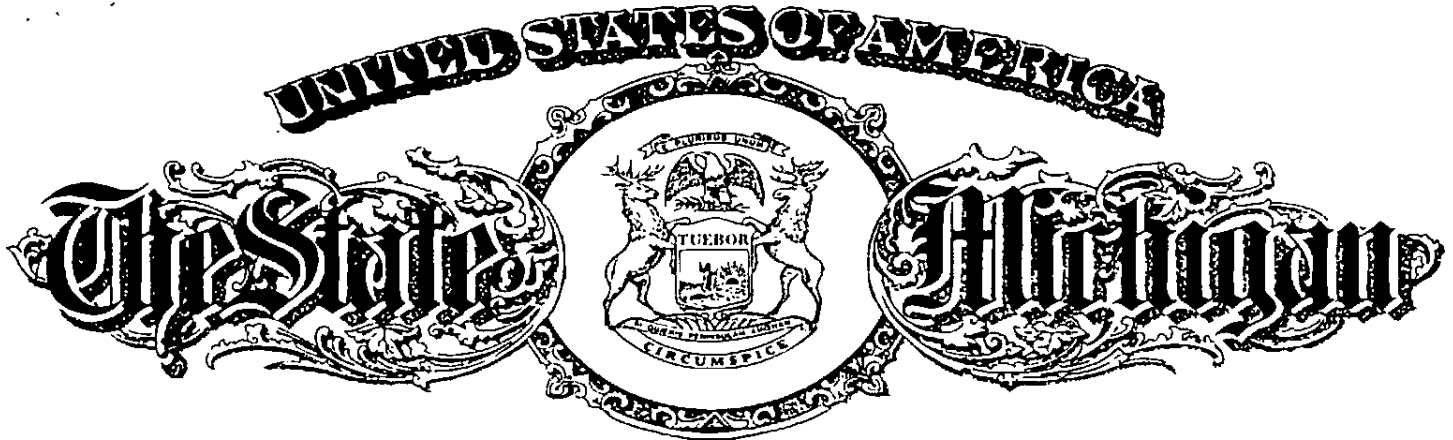
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 _____
Signature of an authorized person

Karl Kunzi

Typed or printed name of signee

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2023 MAY 16 AM 10:31
CLERK OF STATE
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

INTEGRATED HEALTH CLINICAL COUNSELING P.L.L.C.

*was validly authorized on October 21, 2011, as a Michigan
DOMESTIC PROFESSIONAL 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: 23030173702

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 8th day of March, 2023.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2023

KARL KUNZI
90 FORT WADE ROAD
SUITE 113
PONTE VEDRA, FL 32081

SUBJECT: INTEGRATED HEALTH CLINICAL COUNSELING P.L.L.C.
Ref. Number: W23000045956

We have received your document for INTEGRATED HEALTH CLINICAL COUNSELING P.L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 923A00007701