

M23000015995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W2300015779B

Office Use Only



400418723714

11/13/23--01027--016 **160.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2023

MELISSA DURAN
16661 OAKBORO ST
WINTER GARDEN, FL 34787 US

SUBJECT: THERAPUETIC ALLIANCE OF CONNECTICUT, LLC
Ref. Number: W23000157798

We have received your document for THERAPUETIC ALLIANCE OF CONNECTICUT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 723A00026965

RECEIVED

DEC 08 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Therapeutic Alliance of Connecticut, 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:

Melissa Duran
Name of Person

Therapeutic Alliance of Connecticut, LLC
Firm/Company

11661 Oakboro St
Address

Winter Garden, FL 34787
City/State and Zip Code

melissa@therapeuticalliancect.onmicrosoft.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Duran at (860) 966.1004
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. Therapeutic Alliance of Connecticut, 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. Connecticut
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-1667710
(FEI number, if applicable)

4. January 3rd, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 174 South Rd, Ste 125
(Street Address of Principal Office)

6. 174 South Rd, Ste 125
(Mailing Address)

Enfield, CT 06082

Enfield, CT 06082

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

Name: Melissa Duran

Office Address: 16661 Oakburo St

Winter Garden, Florida 34787
(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.

Melissa Duran

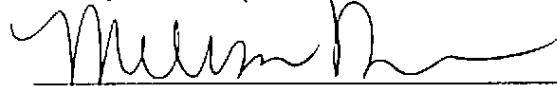
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Julio Duran</u>	<input type="checkbox"/> Manager	Name: <u>Melissa Duran</u>
<input type="checkbox"/> Member	Address: <u>16661 Oakboro St</u>	<input type="checkbox"/> Member	Address: <u>16661 Oakboro St</u>
<input type="checkbox"/> Authorized	<u>Winter Garden, FL</u>	<input checked="" type="checkbox"/> Authorized	<u>Winter Garden, FL</u>
Person	<u>34787</u>	Person	<u>34787</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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"/> Other _____	<input type="checkbox"/> Other _____	<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"/> Other _____	<input type="checkbox"/> Other _____	<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

Melissa Duran

Typed or printed name of signee

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, October 23, 2023 5:14 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	THERAPEUTIC ALLIANCE OF CONNECTICUT, LLC
Business ALEI	US-CT.BER:1239820
Formation Date	05/22/2017

Filing History

<i>Filing Type</i>	<i>Filing Date & Time</i>	<i>Effective Date & Time</i>
Certificate of Organization	5/22/2017	05/22/2017 10:28 AM
Business Address Change	10/29/2018	10/29/2018 06:00 AM
Annual Report(2019)	3/18/2019	
Annual Report(2018)	3/18/2019	
Annual Report(2020)	3/13/2021	
Annual Report(2021)	3/13/2021	
Annual Report(2022)	02/16/2022 04:32 PM	
Annual Report(2023)	03/02/2023 10:56 AM	



Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate
Secretary of the State

Business ALEI: US-CT.BER:1239820

Note: To verify this certificate, visit Business.ct.gov

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Certificate Number: C-00110772