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DMsion of Corporations

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Foreign Limited Liability Company FULL CIRCLE PSYCHOTHERAPY LCSW, PLLC

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December 28, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: FULL CIRCLE PSYCHOTHERAPY LCSW, PLLC

REF: W23000170091

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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

FAX Aud. #: H23000439904

Letter Number: 523A00029417

Mel Solomon Operations Manager A Page; 6 of 7

(((H23000439904 3)))

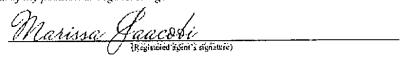
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTIN. THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(Name of Foreign	Umited Liability Company: ourst methide "Limit	ed Lability	Company, "T.T. C.," or "FEC")"				
If name unavariable, enter obtemate in	name adopted for the purpose of transacting business in	Florida Pica	Iternate name must include "Finited 3.3	aliihts Company," "l	1 C.Corti	action.	
NEW YORK		1					
(Suru diction under the law of which threign limited hability company is organized)			/HI auch	(FEI number, it applicable)			
l							
	(Note first transacted business or Florida, it prins to (See sections 693-0904 & 605-0905, F.S. to deter-	n registration mine penalty l	rability)				
3319 SOUTH FEDERAL HIGHWAY, APT E			3319 SOUTH FEDERAL HIGHWAY, APT E				
Street Address of Principal Office)		٥ _	(Multing Andreas)	(Mahing Addres))			
BOYNTON BEACH, FL 33435			BOYNTON BEACH, Ft. 33435				
		-				•	
· · · · · · · · · · · · · · · · · · ·		-					
. Name and street addres	ss of Florida registered agent (P.O. Bo	ov <u>NOT</u> a	eceptable)		20		
	MARISSA JACCOBI				2023 DE		
Name					23		
3319 SOUTH FEDER AL HIGHWA				•	8		
Office Address:			<u></u>			- -,	
	BOYNTON BEACH		33435 , Florida	-		٠,	
	(City)		(Zap 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.



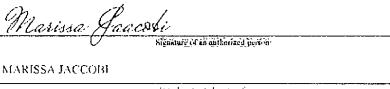
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8 For initial indexing purposes, list names, title or capacity and addresses of the printary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Address: Title or Capacity:		Name and Address:
□Manager	Name: MARISSA JACCOBI	□Manager	Name:	
□Member	Address: 3319 S. FEDERAL HWY	□ Member	Address:	
□Authorized	APARTMENT E	□ Anthorized		· · · · · · · · · · · · · · · · · ·
Person	BOYNTON BEACH, FL 33435	Person		
Other MGMB	□Other □	Cother		□Other
□Manager	Name:		Name:	
□Member	Address:		Address:	
☐ Authorized		□ Authorized		
Person		Person		
□Other		_Other		DOther
□Manager	Name:	_Manager	Name	
□Member	Address:	_Member	Address:	
∃Authorized		☐ Authorized		
Person	**************************************	Person	****	
□Other	Other	~ Other		TOther

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 fellowy as provided for in \$ 817.155, F.S.



(((H23000439904 3)))

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: FULL CIRCLE PSYCHOTHERAPY LCSW, PLLC

DOS ID Number: 6336163

DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMP

Entity Type: ANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 11/24/2021

Statement Status: CURRENT

Statement Due Date: 11/30/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION

Date of Filing: 11/24/2021

Entity Name: FULL CIRCLE PSYCHOTHERAPY LCSW, PLLC

Document Type: CERTIFICATE OF CHANGE BY ENTITY

Date of Filing: 01/21/2022

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Document Type: CERTIFICATE OF PUBLICATION

Date of Filing: 03/23/2022

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(((H23000439904 3))

Document Type: BIENNIAL STATEMENT

Date of Filing: 12/27/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 27, 2023 at 03:49 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heyles

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100004901788 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

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