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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

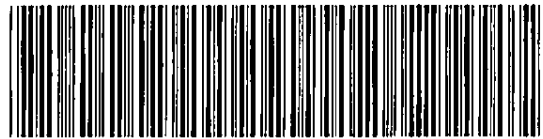
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2024 JAN 26 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FL





FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2023

SARA WILLIAMSON
7381 NAVARRE PKWY #1113
NAVARRE, FL 32566 US

SUBJECT: WILLIAMSON THERAPY & CONSULTING. LLC
Ref. Number: W23000166016

We have received your document for WILLIAMSON THERAPY & CONSULTING, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 823A00028430

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Williamson Therapy & Consulting, 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 Williamson

Name of Person

Williamson Therapy & Consulting, LLC

Firm/Company

7381 Navarre Pkwy # 1113

Address

Navarre Florida 32566

City/State and Zip Code

williamsonsara21@gmail.com

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

For further information concerning this matter, please call:

Sara Williamson

217

621-3037

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. Williamson Therapy & Consulting, 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. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85 1303573
(FEI number, if applicable)

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

5. 7381 Navarre Pkwy 1113
(Street Address of Principal Office)

6. 7381 Navarre Pkwy 1113
(Mailing Address)

Navarre, Florida 32566

Navarre, Florida 32566

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

Name: Sara Williamson

Office Address: 7381 Navarre Pkwy # 1113

Navarre, Florida 32566
(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.

Sara Williamson
(Registered agent's signature)

FILED
JAN 26 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FL

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:

Title or Capacity:

Name and Address:

☒ Manager

Name: Sara Williamson

☐ Manager

Name: _____

☐ Member

Address: 7381 Navarre Pkwy

☐ Member

Address: _____

☐ Authorized

1113

☐ Authorized

Person

Navarre Florida 32566

Person

☐ Other

☐ Other

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Member

Address: _____

☐ Authorized

☐ Authorized

Person

Person

☐ Other

☐ Other

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Member

Address: _____

☐ Authorized

☐ Authorized

Person

Person

☐ Other

☐ Other

☐ 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.

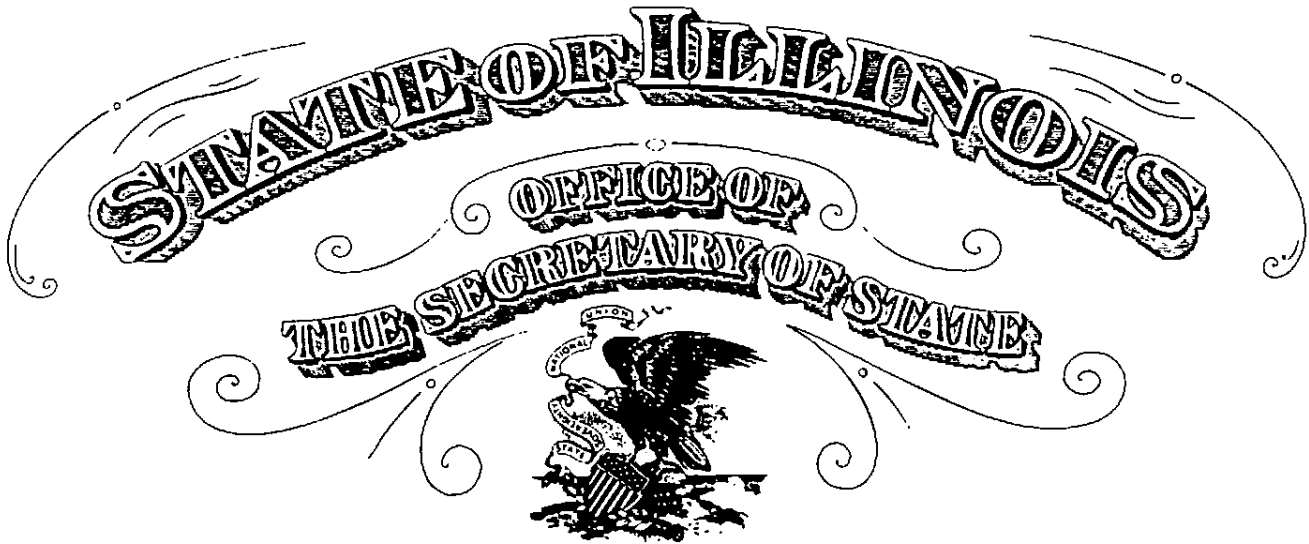
Sara Williamson / Sara Williamson

Signature of an authorized person

1/26/24

File Number

0879021-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

WILLIAMSON THERAPY & CONSULTING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 03, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of SEPTEMBER A.D. 2023 .