# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

∄ક્ષાua દ	report	mailings.	Enter	only	one	email	address	please.**	
	Address	:							
<u> </u>									

the email address for this business entity to be used for future

## Foreign Limited Liability Company **Ampersand Therapy LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help



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

IN COMPLIANCE WITH SECTION 805,0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Fi	orida. The alte	mate name must include "Empted	Liability Company," "L.L.	C," or "L		
Washington			81-2985779				
Charischetion under the law of which foreign immed liability company is organized)			(FE) min	nber, if applicable)			
	(Date first transacted business in Forida 31 prior to 18ee sections 605 19904 & 605 19915, F.S. to determine	egistration i ne penalty fait	olity)				
7901 4th St N STE 30	0	6 17	757 18th Ave S				
eet Andress of Principal Office)		и	(Mailing Address)				
St. Petersburg FL 337	02	Se	eattle WA 98144				
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	÷			
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box  Registered Agents Inc	NOT acc	eptable)	., C.			
		NOT acc	eptable)	2024FEB			
Name:	Registered Agents Inc	NOT acc		28 			
Name:	Registered Agents Inc 7901 4th St N STE 300	NOT acc	eptable), Florida 33702				
Name: Office Address.  egistered agent's acceptiving been named as resignated in this applications of the provision of the pr	Registered Agents Inc  7901 4th St N STE 300  St. Petersburg	rocess for registere	. Florida 33702  (Zapcode)  the above stated limited d agent and agree to act	Cliability compand tin this capacity.	at the Jurth		
Name: Office Address.  egistered agent's acceptiving been named as resignated in this applications of the provision of the province of t	Registered Agents Inc  7901 4th St N STE 300  St. Petersburg  Otance: egistered agent and to accept service of pution, I hereby accept the appointment as ions of all statutes relative to the proper	rocess for registere	. Florida 33702  (Zapcode)  the above stated limited d agent and agree to act	Cliability compand tin this capacity.	at the furth		

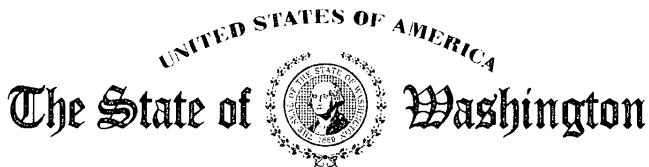
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	1	Name and Address:
□Manager	Name: Point Quest Group, Inc.	□Manager	Name:	
26Member	Address: 9355 E. Stockton Blvd.	□Member	Address:	
□Authorized	Ste 225	□Authorized		
Person	Elk Grove, CA 95624	Person		
□Other	□Other	□Other		□ Other
∐Manager	Name:	C) Manager	Nume:	
□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.

	Love pourcy	
	Signature of an authorized person	
Robin Jones		



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

#### AMPERSAND THERAPY, LLC

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/07/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

1 FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/28/2024 UBI Number: 604 009 316

R Hollie

- 2223272



Coven under my hand and the Scal of the State of Was rington at Olympia, the State Capital

Steve R. Hol-ba, Secretary of State

Date Issued: 92-28-2024.