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Page: 3 of 7

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From: Veranica Gonzalez

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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company

DR. KARLA FALLON PHD LICENSED MENTAL HEALTH COUNSELING PLLC, LLC

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April 25, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: DR. KARLA FALLON PHD LICENSED MENTAL HEALTH COUNSELING PLLC
REF: W24000065361

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.

Your title has to have an LLC following it. For example, DR. KARLA FALLON PHD LICENSED MENTAL HEALTH COUNSELING PLLC, LLC. Secondly, your certificate is considered illegible. You'll need a new one that is readable.,

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

Andrea Andrews
Regulatory Specialist II
Registration Section

FAX Aud. #: H24000149284
Letter Number: 624A00009086

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. DR. KARLA FALLON, PHD, LICENSED MENTAL HEALTH COUNSELING PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

DR. KARLA FALLON, PHD, LICENSED MENTAL HEALTH COUNSELING PLLC, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. New York 47-4929205
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 100 Park Avenue, Suite 1600
(Street Address of Principal Office)
New York, NY 10017
6. 100 Park Avenue, Suite 1600
(Mailing Address)
New York, NY 10017

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

Name: Registered Agent Solutions, Inc.
Office Address: 2894 Remington Green Ln. Ste. A
Tallahassee, Florida 32308
(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.



(Registered agent's signature)

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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 type="checkbox"/> Manager	Name:	Karla Fallon		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	100 Park Avenue, Suite 1600		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		New York, NY 10017		<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	
<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.

Dr. Karla Fallon

Signature of an authorized person

Karla Fallon-Member

Typed or printed name of signer

STATE OF NEW YORK**DEPARTMENT OF STATE**

Certificate of Status

ROBERT RODRIGUEZ, Secretary of State of the State of New York, in and to whose office records are required by law to be filed, hereby certifies that, upon diligent examination of the records of the Department of State, the data in this certificate are the following information collected:

Entity Name: URA REAL LONHDCENSMENT HEAL COUNSELING L
C
DOS ID Number: 4811575
Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 08/27/2015
Statement Status: CURRENT
Statement Due Date: 08/31/2025

No information is available to this office regarding financial condition, business activity, or practice of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany on April 24, 2024 at 10 AM.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State