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Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
MINDSET PSYCHIATRIC SERVICES PLLC LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

24 JUN 27 AM 11:21

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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. MINDSET PSYCHIATRIC SERVICES PLLC 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. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 11 HANOVER SQUARE FL 18
(Street Address of Principal Office)

6. 11 HANOVER SQUARE FL 18
(Mailing Address)

NEW YORK, NY 10005

NEW YORK, NY 10005

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

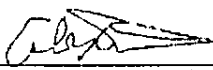
Name: INTERSTATE AGENT SERVICES, LLC

Office Address: 100 SE 2ND STREET SUITE 2000 #200

MIAMI, Florida 33131
(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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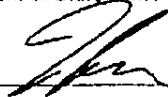
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<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: SAMUEL DEMARIA JR. M.D.	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address: 11 HANOVER SQUARE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	FLOOR 18	<input type="checkbox"/> Authorized	_____
Person	NEW YORK, NY 10005	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: Stephen Dabah	 <input type="checkbox"/> Manager	 Name _____
<input type="checkbox"/> Member	Address: 11 Hanover Square	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Floor 18	<input type="checkbox"/> Authorized	_____
Person	New York, NY 10005	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

STEPHEN DABAH

Typed or printed name of signer

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	MINDSET PSYCHIATRIC SERVICES PLLC
DOS ID Number:	6616197
Entity Type:	DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMP ANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	10/14/2022
Statement Status:	CURRENT
Statement Due Date:	10/31/2024

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:	10/14/2022
Entity Name:	MINDSET PSYCHIATRIC SERVICES PLLC

Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	12/09/2022

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Above space is left blank intentionally.

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 June 27, 2024 at
12:29 P.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

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