

7/15/24, 11:15 AM

Division of Corporations

Florida Department of State
Division of Corporations
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Account Name : BUSINESS FILINGS
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: managementorionllc@gmail.com

**Foreign Limited Liability Company
Orion Psychological Services LLC**

Certificate of Status	0
Certified Copy	0
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Fax Audit # H24000239467.3

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Orion Psychological Services 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. Delaware 3. 87-1604083
(Jurisdiction under the law of which foreign limited liability company is organized) (FPI number, if applicable)

4. 6-10-2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S., to determine penalty liability.)

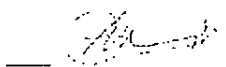
5. 425 W Colonial Dr Ste 303 6. 425 W Colonial Dr Ste 303
(Street Address of Principal Office) (Mailing Address)
Orlando, Florida 32804 Orlando, Florida 32804

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

Name Business Filings Incorporated
Office Address 1200 South Pine Island Road
Plantation, Florida 33324
(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)

Chris Das, A.V.P., Business Filings Incorporated

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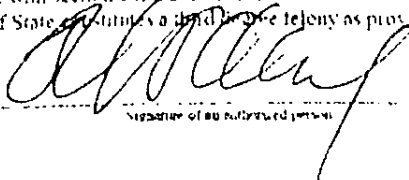
5. For initial indexing purposes, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name <u>Justin Clary</u>	☐ Manager	Name _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized Person	<u>425 W Colonial Dr, Ste 303</u> <u>Orlando, Florida 32804</u>	☐ Authorized Person	_____ _____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name _____	☐ Manager	Name _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized Person	_____ _____	☐ Authorized Person	_____ _____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name _____	☐ Manager	Name _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized Person	_____ _____	☐ Authorized 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 605.9203 (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
Justin Clary

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ORION PSYCHOLOGICAL SERVICES LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



6063671 8300

SR# 20243123830

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203911816

Date: 07-12-24