

MA2400009335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

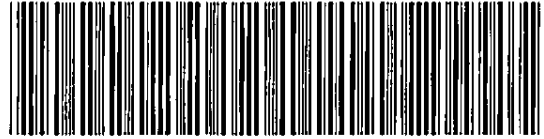
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500433236465

07/17/24--01031--013 **160.00

FILED
2024 JUL 17 PM 1:33
CLERK OF COURT

MEUX
JUL 22 2024

MS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Therapeutic Billing for Mental Health Providers 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:

Sadaqah Farrar

Name of Person

Therapeutic Billing for Mental Health Providers LLC

Firm/Company

1729 NW St. Lucie West Boulevard, Suite 1119

Address

Port Saint Lucie, FL 34986

City/State and Zip Code

sadaqah@therapeuticbillingco.com

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

For further information concerning this matter, please call:

Sadaqah Farrar

609

338-2244

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. Therapeutic Billing for Mental Health Providers LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New Jersey 3. 843321925
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/01/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1729 NW St. Lucie West Boulevard 6. 928 Corn Husk Loop
(Street Address of Principal Office) (Mailing Address)

Suite 1119

Port Saint Lucie, FL 34986

Conway, SC 29527

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

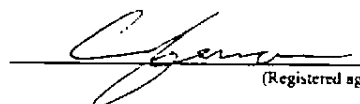
Name: Conelle Farrar

Office Address: 1729 NW St. Lucie West Boulevard, Suite 1119

Port Saint Lucie 34986
_____. Florida _____
(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)

FILED
2024 JUL 17 PM 1:33
STATE

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:**

☒ Manager Name: Sadaqah Farrar

☐ Member Address: 928 Corn Husk Loop

☒ Authorized Conway, SC 29527

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: Conelle Farrar

☐ Member Address: 1729 NW St. Lucie West Blvd

☒ Authorized Suite 1119

Person Port Saint Lucie, FL 34986

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

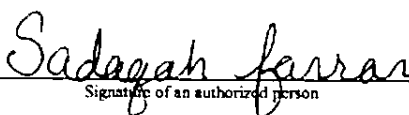
Person

☐ 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.


Signature of an authorized person

Sadaqah Farrar

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**THERAPEUTIC BILLING FOR MENTAL HEALTH PROVIDERS LLC
0450426086**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 10, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*Sadaqah Farrar
70 Schanck Rd
Freehold, NJ 07728*

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on June 27, 2024.

PRESIDENT

*Sadaqah Farrar
70 Schanck Rd
Freehold, NJ 07728*