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| (Requestor's Name) | | | | | |
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| (City/S | itate/Zip/Phone #) | | | | |
| PICK-UP | WAIT MAIL | | | | |
| (Busin | ess Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer. | | | | | |
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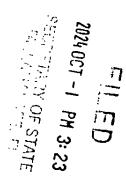
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COVER LETTER

TO:

| TO: | Registration Section Division of Corporations | | | | | |
|--|---|---|--|--|--|--|
| SHR IE | Hanan Counseling Services LLC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| | | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida | | | | |
| Please re | eturn all correspondence concerning this matter t | to the following: | | | | |
| | Yaritza Rodriguez | | | | | |
| | | Name of Person | | | | |
| | Hanan Counseling Services LLC | | | | | |
| Firm/Company | | | | | | |
| | 1108 N 2ND ST | | | | | |
| Address | | | | | | |
| Yakima WA 98901 | | | | | | |
| | | City/State and Zip Code | | | | |
| | yaritza@hanancounseling.com | | | | | |
| | E-mail address: (to be | e used for future annual report notification) | | | | |
| For furth | ner information concerning this matter, please ca | di: | | | | |
| Yaritza Rodriguez | | 509 3671562 at () | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| | Mailing Address: | Street Address: | | | | |
| Registration Section | | Registration Section | | | | |
| Division of Corporations | | Division of Corporations | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fee Certificate of | ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate | | | | |



August 27, 2024

YARITZA RODRIGUEZ 1108 N 2 ST YAKIMA, WA 98901

SUBJECT: HANAN COUNSELING SERVICES LLC

Ref. Number: W24000122026

We have received your document for HANAN COUNSELING SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 224A00019267

RECEIVED OCT O 1 2024

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | Limited Liability Company; must include "Limited | Liability Company, "L.L.C.," or "LL. | C.") | |
|--|---|--|---|--|
| f name unavailable, enter alternate n | aine adopted for the purpose of transacting business in Flor | rida. The alternate name must include "Limit | ted Liability Company," "L.L.C," or "L1.C | |
| Washington State | | 88-1168329 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | 3. (FEI | number, if applicable) | |
| 01/19/2024 | | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin | gistration.) e penalty liability) | | |
| 15190 SW 122nd Avenue | | 15190 SW 122nd Avenue | | |
| reet Address of Principal Office) | | 6. (Mailing Address) | | |
| Apt 3110 | | Apt 3110 | | |
| Miami FL 33186 | | Miami FL 33186 | o N | |
| Name and street addres | s of Florida registered agent: (P.O. Box | NOT acceptable) | 7024 OCT - | |
| Name: | Yariza Rodriguez | | 建设一 | |
| Office Address: | 15190 SW 122nd Avenue Apt 3110 | | ED PM 3: 23 OF STATE | |
| | Miami | 33186 , Florida | ਜਾਂ 🍑 | |
| | (City) | (Zip co | de) | |

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.

MSW, MHP, LICSW, LCSW
(Registered agent's signature)

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 | <u>:</u> | Name and Address: |
|--------------------|--------------------------------|-------------------|----------|-------------------|
| ■Manager | Name: Yaritza Rodriguez | □Manager | Name: | |
| □Member | Address: 15190 SW 122nd Avenue | □Member | | |
| ■Authorized | Apt 3110, Miami FL 33186 | □Authorized | | |
| Person | | Person | | |
| □Other | □Other | □Other | | □Other |
| □Manager | Name: | □Manager | Name: | |
| □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.

Yaritza Rodriguez

Typed or printed name of signee

The State of Washington

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

HANAN COUNSELING SERVICES LLC

I 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 03/10/2022.

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.

I 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: 09/20/2024 UBI Number: 604 881 792



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 09/20/2024