P23000060928

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

Office Use Only



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2023 AUG -1 AM II: 17

AFFIDAVIT FOR RELEASE OF LLC NAME

Jana Strickland Wibberley 334 South Bonita Avenue Panama City, FL 32401 850-832-3544

July 28, 2023

Florida Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

To Whom It May Concern:

I am applying to the Florida Division of Corporations to incorporate the business Therapy Online Inc.

I had recently filed articles of organization for Therapy Online LLC, filing number L23000347538. I applied to dissolve this LLC in order to pursue a corporate structure instead.

I hereby attest that:

- 1. I am legal owner of this name
- 2. I release that name in order to apply for the new entity
- 3. I never plan to reinstate Therapy Online LLC for purposes of business purpose or in name.

Thank you for your assistance in this matter. Please advise by phone (850) 832-3544 or email <u>janastricklandwibberley@gmail.com</u> if I can provide any further information.

Sincerely,

Jana Strickland Wibberley

State of TC County of 1324

this 2 day of 2007

By Sana Strickland W. bber le
Personally known ___OR produced identification ____

Type identification produced

Notary Public

SHAYNON BARTH
Notary Public-State of Florida
Commission # HH 320768
My Commission Expires
January 11, 2027

D T

State of Florida Department of State

I certify from the records of this office that THERAPY ONLINE LLC was a limited liability company organized under the laws of the State of Florida, filed on July 24, 2023, effective July 22, 2023.

The document number of this limited liability company is L23000347538.

I further certify that said limited liability company was voluntarily dissolved on July 26, 2023, effective July 26, 2023.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital this the Twenty Eighth day of July, 2023

Secretary of State

Authentication ID: 700412893267-072823-1,23000347538

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Therapy Online	NC TE NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy		of	
		ADDITIONAL COI	PY REQUIREI	D	
FROM: Jana Stridland Wibberley Name (Printed or typed)					
_	334 South Bon	nta Avenue			
_	Panama City	, f 32401 State & Zip		29	d D
_	850-832-351	•	3	2023 AUG	•••
_	Daytime To JANA STICKLAN E-mail address: (to be used	1 • •	' ' '	MATINATION OF STATE	
				₽ ~	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	tion shall be:	Therapy	<u>Online lu</u>	nc			
ARTICLE II PRINC	<u>TPAL OFFICE</u> Principal <u>street</u> add	dress		Mailing address, i	f different is:		
-334-SOUTV	-Bonta c						
Panama	city, Fr	32401					
ARTICLE III PURPO The purpose for which t	<u> 2SE</u> he corporation is o	rganized is:					
		herapy se	ervices or	iline, iv	1 perso	 X/)	
Merapy of	<u>is need</u>	ted, and	d to pm	vide 0	(plat	t-forn	1
for poter	thal oth	104 servic	e prono	derc to	do		
the same	2 1			·-····			
							
ARTICLE IV SHAR)					
The number of shares of	stock is: UU	/					
ARTICLE V INITIA	AL OFFICERS AN	DOR DIRECTORS	nilaharaa	y, Presi	dont	Corvo	17111
Name and Title	: Juna St	<u>rickland</u>	VI NADO INTE	y, Fresi	0/2/17 F	er-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address	534 SUL	a vita Co	AVENUO				
	paviarn	<u> </u>	<u>. </u>				
	<u> </u>	1 1	- Natro	· dant			ID
Name and Title	Enclyuk	obeney.	MCERPLES It Address Vev	ider it		7023	,
Address	3349	JUN KON	117 Address: VCV	ille	<u>i-</u> (1
	pavial	MIL CUTV	-1tr		SS A	<u> </u>	7
		DV(0)	_				9
Name and Title	<u> </u>	·····	Name and Title	;	ATE.	2	
Address			Address:				

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name: SWW STYW STYW	land Mibberley
Address: DCIA GIA A G C	20111111 17 VEVICE 4. 5. 771/01
<u>panama a</u>	dy, Fr 32401
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	uland Mildona.
Name: SWUSING	<u>kland Miloberley</u>
Address: <u>234 SUUU</u>	1 15011172 2thu FC 32401
parama (My PC OUT
ARTICLE VIII EFFECTIVE DATE; Effective date, if other than the date of filing:	July 27, 2023 (OPTIONAL)
	specific and cannot be more than five days prior or 90 days after the
	neet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	
Having been named as registered agent to accept s	service of process for the above stated corporation at the place designated in this pointment as registered agent and agree to act in this capacity:
cerugague, r gin gamaar wan ana accept me appo	1/27/26
Required Signature/Reg	gistered Agent Date
I submit this document and affirm that the facts	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
	third degree felony as provided for in s.817.155, F.S.
Required Signature Incorporator	Date Date