Q2000000044

| (Re | equestor's Name) |) |
|---|-------------------|--------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Na | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

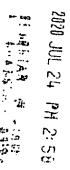
Office Use Only



800348993388

07/27/20--01072--038 **35.00

RECENZO



· T

AUG - 7 2020 M. SOLOCADA

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

Megan E. Lavery, LPC

(Name of Alien Business Organization, Financial Institution, or Telehealth Provider)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization. Financial Institution, or Telehealth Provider and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Megan E Lavery, LPC

(Name of Person)

Megan E. Lavery, LPC

(Firm/Company)

2762 Forest Ridge Drive

(Address)

Fernandina Beach, FL 32034

(City/State and Zip Code)

For further information concerning this matter, please call:

Megan E Lavery 270 791-6656

(Name of 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:

■ \$35.00 Filing Fee

□ \$43.75 Filing Fee & Certified Copy

REGISTERED AGENT & OFFICE FOR ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION, OR TELEHEALTH PROVIDER

PURSUANT TO SECTION 607.0505, 655.0201, OR 456.47(4)(b), FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION OR TELEHEALTH PROVIDER SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

| 1. Megan E Lavery, LPC | |
|---|-------------------------------|
| Name of alien business organization, financial institution or telehealth production. 2. Florida 3. 20-45664 | |
| | r, if applicable) |
| 4. 2762 Forest Ridge Drive, Fernandi n Beach, (Principal office address) | FL 32034 |
| (Fincipal office address) | |
| 5. Name and Florida Street address of registered agent. | 2021 |
| Megan E. Lavery | |
| 2762 Forest Ridge Drive | IDZD JUL 24 |
| Fernand in Beach, FL 32033 | # 22 (|
| 6. The street address of the registered office and the street address of the business office are identical. | 1 |
| (Signature of chairman, vice chairman, or officer) | |
| 8. Meyan E Lavery Comer/self | |
| (Name and capacity of person signing in number 7 above) | |
| 9. Signature of registered agent: | |
| I hereby accept the appointment as registered agent. I am familiar with and acce 607.0505, 655.0201, or 456.47(4)(b) Florida Statutes. | pt the obligations of section |
| Megant Lavery | 7-21-2020 |
| (Registered agent accepting appointment) | (Date) |

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY OR PROVIDER TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS80 (4/20)