



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sara Hutson MSW, LCSW, CSAYC  
(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:

Sara Hutson MSW, LCSW, CSAYC  
(Name of Person)

Hutson Psychotherapy, LLC  
(Firm/Company)

55 S. State Ave. Ste. 357  
(Address)

Indianapolis, IN 46201  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sara Hutson at ( 317 ) 507-7068  
(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. Sara Hutson msw, lcsw, csayc  
(Name of alien business organization, financial institution or telehealth provider)

2. Indiana  
(State or country under which entity is organized)

3. N/A  
(FEI Number, if applicable)

4. 55 S. State Ave. Ste 357 Indianapolis, IN 46201  
(Principal office address)

5. Name and Florida Street address of registered agent.

Sheila Kearney  
2802 Quail Hollow Road East  
Clearwater, FL 33761

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. Sara Hutson msw, lcsw, csayc  
(Signature of chairman, vice chairman, or officer)

8. Sara Hutson msw, lcsw, csayc telehealth provider  
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: Sheila Kearney

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, 655.0201, or 456.47(4)(b) Florida Statutes.

Sheila Kearney  
(Registered agent accepting appointment)

8/23/21  
(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