

Q210000000061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

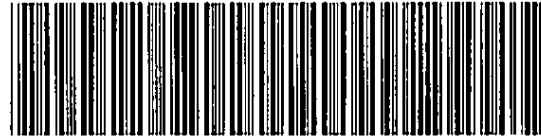
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900375044629

10/19/21--01019--008 **35.00

APPROVED
AND
FILED
2021 OCT 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 19 2021

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

Janine F. Holloway, M.A., Licensed Marriage & Family Therapist, Telehealth Provider

SUBJECT: _____
(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:

Theodore J. Holloway

(Name of Person)

(Firm/Company)

150 Ocean Avenue, # 8D

(Address)

Key Biscayne, Florida 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

Janine Holloway

469

964-0448

(Name of Person)

at (_____) _____
(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. Janine Flagg Holloway, M.A. Licensed Marriage & Family Therapist, Telehealth Provider
(Name of alien business organization, financial institution or telehealth provider)
2. Texas, United States of America
(State or country under which entity is organized)
3. _____
(FEI Number, if applicable)
4. 2208 W Dutch Drive, Richardson, TX 75080
(Principal office address)

5. Name and Florida Street address of registered agent.
Theodore James Holloway
150 Ocean Drive, # 8D
Key Biscayne, FL 33149

APPROVED
AND
FILED
2021 OCT 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7. 
(Signature of chairman, vice chairman, or officer)
8. Theodore James Holloway, Owner
(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 accept the obligations of section 607.0505, 655.0201, or 456.47(4)(b) Florida Statutes.

Theodore James Holloway
(Registered agent accepting appointment)

10/15/21
(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**