

Q22000000044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

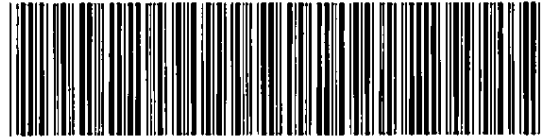
(Business Entity Name)

(Document Number)

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APPROVED
AND
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2022 JUN 27 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 18 2022
K. Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maria Clemente (Reimagined Mind Counseling & Consultation)
(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 fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

 Maria Clemente
(Name of Person)

 Reimagined Mind Counseling & Consultation
(Firm/Company)

 36 Cooper Avenue
(Address)

 Roseland, NJ 07068
(City/State and Zip Code)

For further information concerning this matter, please call:

 Maria Clemente at (908) 216-6357
(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. Imagined Mind Counseling & Consultation Maria Clemente
(Name of alien business organization, financial institution or telehealth provider)

2. New Jersey 3. 87-0851225
(State or country under which entity is organized) (FEI Number, if applicable)

4. 36 Cooper Avenue, Roseland, NJ 07068
(Principal office address)

5. Name and Florida Street address of registered agent:
Lisa Clemente
17273 Sabrina Circle
Port Charlotte, FL 33948

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

7. *Maria Clemente*
(Signature of chairman, vice chairman, or officer)

8. CEO - Maria Clemente
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: *Lisa Clemente*

*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.*

Lisa Clemente
(Registered agent accepting appointment)

6/21/22
(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

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