From Sylvia Pauli To: Page: 2 of 6 2025-02-13 07 28:34 PST LegalZoom com, Inc.

Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION GOSEPH A. LOGIUDICE, LCSW, PSYCHOTHERAPIST, P.C.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: JOSEPH A	. LOGIUDICE, LCSW, PSYCE	OTHE	RAPIST, P.C.	
30b3ber	Name of corporation	n - mus	st include suffix	
Dear Sir or Madam:				
"Certificate of Existence,	n by Foreign Corporation for " or "Certificate of Good Sta corporation to transact busin	nding"	and check are sub	et Business in Florida." omitted to register the
Please return all correspo	ndence concerning this matte	er to the	following:	
Erik Treutlein				
	Name o	l Persor	ı	
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	City/State	and Zip	code	
josephalogiudice@gmail.co				
	E-mail address: (to be used	for fut	are annual report r	notification)
For further information co	oncerning this matter, please	call;		
Frik Treutlein	at (800	77	3-0888	
Name of Person	Area Co	de	Daytime Telep	hone Number
STREET/COUR Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Hahassee Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
	o: FLORIDA DEPARTMEN	≅ \$78.	TATE 75 Fifing Fee & ified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	GIUDICE, LCSW, PSYCHOTHERAPIST, COR	opted for the purpose of transacting business in Florida)		
Name Voorle	· ·			
New York 3. 85-2858956 (FEI number, if applicable)				
08/25/2020				
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Principal office	street address)		
	(Current mailing	address, if different)		
Name:	(Current mailing et address of Florida registered agent: (P.O. United States Corporation Agents, Inc. 476 Riverside Ave.			
	et address of Florida registered agent: (P.O. United States Corporation Agents, Inc. 476 Riverside Ave.	Box NOT acceptable)		
Name:	et address of Florida registered agent: (P.O. United States Corporation Agents, Inc.	Box NOT acceptable)		

Tik Treutlein

Enk Treutlein, Assistant Secretary filing on behalf of United States Corporation Agents, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

To: Page: 5 of 6 2025-02-13 07 28.34 PST LegalZoom.com, Inc From, Sylvia Paull

A. DIRECTORS						
□Chairman	Name: Joseph A. LoGiudice	□Chairman	Name: Remington Yhap			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	260 West 52 Street	□Director	247 Wadsworth Ave			
■ President	#10	FiPresident	Apt 3V			
□Vice President	New York, NY 10019	⊡Vice President	New York, NY 10033			
□Secretary	□Treasurer	■ Secretary	□Treasurer			
□Other	Other	□Other				
□Chairman	Jennifer Esposito Name:	□Chairman	Michael Carosone Name:			
□Vice Chairman	Address:	□ Vice Chairman □ Director □ President	Address:			
Director	5007 Seafoam Trail					
□President	Bradenton, FL 34211					
□Vice President		□Vice President	New York, NY 10019			
□Secretary	Treasurer	□Secretary	□Treasurer			
Other	Othet	□Other				
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Nice President				
☐Secretary	□Treasurer	□Secretary	□Treasurer			
[]Other	Other	□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form 12. Signature of Director or Officer						

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: JOSEPH A. LOGIUDICE, LCSW, PSYCHOTHERAPIST, P.C.

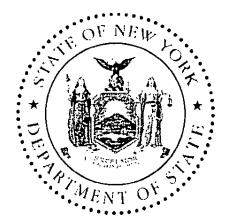
DOS ID Number: 5820199

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 08/25/2020

Statement Status: CURRENT Statement Due Date: 08/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 13, 2025 at 10:22 A.M.

WALTER T. MOSLEY Secretary of State

Brandon C Heylson

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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