



State of Rhode Island  
Department of State - Business Services Division

**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Half man Behavioral Health, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Indiana, USA		
3. The date of its organization is: 09/17/2020		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name		
Emily Brown		
Street Address (NOT a P.O. Box)		
64 Wood Sorrel Trail		
City/Town	State	Zip Code
Swanwicktown	RHODE ISLAND	02874
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
To provide virtual/telehealth therapy services to Rhode Island clients, by a Licensed & Independent Clinical Social Worker licensed in Rhode Island and Indiana.		
Check the box to indicate an attachment <input type="checkbox"/>		

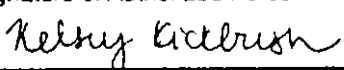
**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is: <div style="display: flex; justify-content: space-between;"> <span>Devine CPA &amp; Co</span> <span>Lafayette, IN 47906</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2060 Sagamore Pkwy Ste Q</span> <span>USA</span> </div>			
8. The mailing address for the limited liability company is: 8701 Cordial Road El Cajon, CA 92021			
9. Management of the Limited Liability Company: <b>CHECK ONLY ONE BOX</b>			
<input checked="" type="checkbox"/> Members (Owners) <b>DO NOT</b> complete the chart below.	<b>OR</b>	<input type="checkbox"/> Managers (Individuals hired by the members with no ownership interest) Complete the chart below.	
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <span style="position: absolute; top: 0; left: 0; bottom: 0; right: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"></span> </div>		MANAGER NAME	ADDRESS
Check the box to indicate an attachment <input type="checkbox"/>			
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this application for Certificate of Registration will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>			
Type or Print Name of LLC Half Moon Behavioral Health, LLC			Date 10/18/23
Signature of Authorized Person 			

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**HALF MOON BEHAVIORAL HEALTH LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 17, 2020, and was in existence or authorized to transact business in the State of Indiana on October 18, 2023.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 18, 2023

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 17, 2023.