

F15000003504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

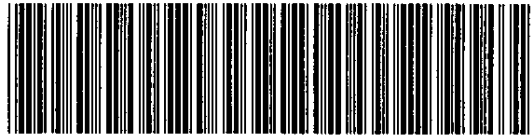
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800275774538

08/07/15--01002--003 **78.75

FILED
2015 AUG - 7 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 10 2015

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Youth and Family Services of Florida, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

David Scharoun
Name of Person
Youth and Family Services of Florida, Inc.
Firm/Company
6000 Cattleridge Drive
Address
Suite 200
Sarasota, FL 34232
City/State and Zip Code
dscharoun@ysii.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Scharoun at (941) 953-9199
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Youth and Family Services of Florida, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Iowa 3. 26-1105389
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/19/2007 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 6000 Cattleridge Drive, Suite 200, Sarasota, FL 34232
(Principal office address)

6000 Cattleridge Drive, Suite 200, Sarasota, FL 34232
(Current mailing address)

8. Provide rehabilitative services to adjudicated youth
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

FILED
2015 AUG -7 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: _____
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Michael Slattery
Address: 6000 Cattleridge Drive, Suite 200, Sarasota, FL 34232

Vice Chairman: Christopher J. Slattery
Address: 6000 Cattleridge Drive, Suite 200, Sarasota, FL 34232

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

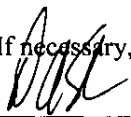
President: Michael Slattery
Address: 6000 Cattleridge Drive, Suite 200, Sarasota, FL 34232

Vice President: _____
Address: _____

Secretary: David A. Scharoun
Address: 6000 Cattleridge Drive, Suite 200, Sarasota, FL 34232

Treasurer: David A. Scharoun
Address: 6000 Cattleridge Drive, Suite 200, Sarasota, FL 34232

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David A. Scharoun
(Typed or printed name and capacity of person signing application)

FILED
2015 AUG -7 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**IOWA SECRETARY OF STATE
PAUL D. PATE**



FILED
2015 AUG -7 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

Date: 8/3/2015

Name: YOUTH AND FAMILY SERVICES OF FLORIDA (504RDN - 351845)

Date of Incorporation: 9/19/2007

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the nonprofit corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Revised Iowa Nonprofit Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS111120**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State