

Division of Corporations

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Tennessee Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3339
Fax Number : (954) 208-0945

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
CENTERSTONE OF TENNESSEE, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

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2020 JUN 23 PM 2:46

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2020 JUN 23 AM 10:50

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2020 JUN 23
11:23 AM

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. CENTERSTONE OF TENNESSEE, 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. TENNESSEE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/10/1997 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. March 3, 2020
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 44 Vantage Way, Suite 400 - Nashville, Tennessee, 37228
(Principal office street address)

(Current mailing address, if different)

8. Behavioral Health
(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)

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, 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: Ranae Bell
(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.

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JUN 23 AM 10:50
TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Robert N. Vero

Vice Chairman Address: 44 Vantage Way, Suite 400

Director Nashville, Tennessee, 37228

President _____

Vice President _____

Secretary Treasurer

Other: CEO Other: _____

Chairman Name: Ben Middleton

Vice Chairman Address: 44 Vantage Way, Suite 400

Director Nashville, Tennessee, 37228

President _____

Vice President _____

Secretary Treasurer

Other: COO Other: _____

Chairman Name: Julie Spears

Vice Chairman Address: 44 Vantage Way, Suite 400

Director Nashville, Tennessee, 37228

President _____

Vice President _____

Secretary Treasurer

Other: CFO Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

NOTE: 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.



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

14. Robert N. Vero, CEO
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

WOLTERS KLUWER
WOLTERS KLUWER
600 SOUTH 2ND STREET SUITE 104
SPRINGFIELD, IL 62704

June 23, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0370005

Issuance Date: 06/23/2020
Copies Requested: 1

Document Receipt

Receipt #: 005618928 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3784039234 \$20.00

Regarding: CENTERSTONE OF TENNESSEE, INC.
Filing Type: Nonprofit Corporation - Domestic
Formation/Qualification Date: 01/10/1997
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 323612
Date Formed: 01/10/1997
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CENTERSTONE OF TENNESSEE, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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