

F230000003929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

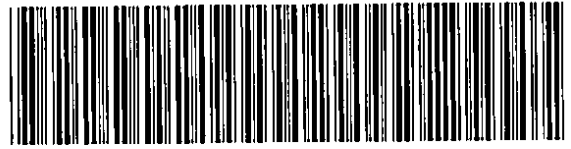
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

W23-91079



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APPROVED  
AND  
FILED

2023 JUN 29 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 JUN 29 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 07 2023

Brumb:ey



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2023

CT CORP

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: NATIONAL COUNCIL FOR BEHAVIORAL HEALTH  
Ref. Number: W23000091079

We have received your document for NATIONAL COUNCIL FOR BEHAVIORAL HEALTH . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$622.50.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 323A00014860

RECEIVED  
2023 JUL -6 PM 1:50  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 06/29/2023

Acc#120160000072

*en: c DW*

Name:	National Council for Behavioral Health
Document #:	
Order #:	15007439

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 701.25

Thank you!

**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. National Council for Behavioral Health

(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.)

National Council for Behavioral Health Inc.

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

2. DC 3. 23-7092671  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/14/1980 5. \_\_\_\_\_  
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. 10/01/2021  
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1400 K Street NW, Suite 400 Washington, DC 20005  
 (Principal office address)

\_\_\_\_\_  
 (Current mailing address, if different)

8. to provide training and materials on Mental Health First Aid  
 (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: CT Corporation

Office Address: 1200 S Pine Island Rd. #250

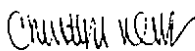
PLanation, Florida 33324

(City) (Zip Code)

2023 JUN 29 AM 9:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 APPROVED  
 AND  
 FILED

**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.*



Christine Kelm,  
 Assistant Secretary

\_\_\_\_\_  
 (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: Tim Swinfard

Address: 1400 K Street NW Suite 400

Washington, DC 20005

Vice Chairman: Ed Woods

Address: 1400 K Street NW Suite 400

Washington, DC 20005

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Charles Ingoglia

Address: 1400 K Street NW Suite 400

Washington, DC 20005

Vice President: Mohini Venkatesh

Address: 1400 K Street NW Suite 400

Washington, DC 20005

Secretary: Vitka Eisen

Address: 1400 K Street NW Suite 400 Washington, DC 20005

Treasurer: Vitka Eisen

Address: 1400 K Street NW Suite 400 Washington, DC 20005

**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. Charles Ingoglia *Charles Ingoglia*  
(Typed or printed name and capacity of person signing application)

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF LICENSING AND CONSUMER PROTECTION  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

**WE FURTHER CERTIFY** that the domestic entity is formed under the law of the District on 05/14/1980 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 6/28/2023 11:40 AM

Business and Professional Licensing Administration



*Rebecca Janovich*

REBECCA JANOVICH  
Superintendent of Corporations,  
Corporations Division

Muriel Bowser  
Mayor

Tracking #: lqCZRSII