

CC FLING & SEA CH SER CENT C. 126 East C. Avenue
Tallahassee, Florida 32301
(850) 681-6528



854950/15500U	
July 12, 2001	

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Pride Institute of Florida LLC

Filing Evidence
Plain/Confirmation Copy

□ Certified Copy

### **Type of Document**

- □ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only

## Retrieval Request

- □ Photocopy
- □ Certified Copy

WU-	10	100
MOI	10	100

- ☐ All Charter Documents to Include Articles & Amendments
- □ Fictitious Name Certificate
- □ Other

İ	NEW FILINGS				
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		Non Profice			
1	2/7	Limited Liability			
		Domestication			
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OTHER FILINGS			
 	Annual Reports		
	Fictitious Name		
	Name Reservation		
	Reinstatement		

·		. <b>₩.U.U.</b> C.V.T.O	411	1048807
	AMENDMENTS	*****1	7010 55.00	1045007 ****155.80
	Amendment			
	Resignation of RA Officer/Director			
	Change of Registered Agent	-01/12	471 2010	7198 11048008
	Dissolution/Withdrawal	***32	88.75	***3288.75
	Merger			

	REGISTRATION/QUALIFICATION
X	Foreign
	Limited Liability
_	Reinstatement
	Trademark
	Other

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 12, 2001

UCC FILING & SEARCH SERVICES, INC.

SUBJECT: PRIDE INSTITUTE OF FLORIDA LLC

Ref. Number: W01000016100

We have received your document for PRIDE INSTITUTE OF FLORIDA LLC and your check(s) totaling \$3443.75. However, the enclosed document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 401A000412

1 JUL 13 AH 8:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Pride Institute of Florida LLC		_	1		
	(Name of foreig	mil a	ited liability company)			_
2.	Delaware	3	52-2091294			
(. c	Delaware  Jurisdiction under the law of which foreign limited liability company is organized)	,	52-2097294 (FEI number, if applica	ble)		_
4	March 6, 1998 (Date of Organization)	5.	December 31 2049 (Duration: Year limited liability comexist or "perpetual")	pany will c	ease to	<del>-</del>
5.	May 11, 1998		- ·-·			
•	(Date first transacted business in Florida. (S	ee se	ctions 608.501, 608.502, and 817.155,	F.S.)	-	
7	168 Fifth Avenue, Suite 4 South	· / <u></u> .				
	New York, New York 10010					•••
	(Street addre	ss of	principal office)			<b>-</b>
	If limited liability company is a manager-manage			SE(	01	
). [	The name and usual business addresses of the ma	ınagi	ng members or managers are as	followed.	<u></u>	_
	Northern Healthcare Associates			TAR) IASS	<u></u> = -=-	
	14400 Martin Drive			OF S E, FL		ED
,	Eden Prairie, Minnesota 55344			TATE ORIDA	8: 27	<b>-</b>
ic ji	Attached is an original certificate of existence, no more than 9 insdiction under the law of which it is organized. (A photocolation of the certificate under oath of the translator must be su	py is	not acceptable. If the certificate is in a fo	aving custo reign langu	dyofin age, a	- ecords
1.	Nature of business or purposes to be conducted of	or pr	omoted in Florida:Develop	, क्रश्मध्रह	e and	<u>.</u>
_	supervise psychiatric counseling and tr	eat	ment programs.			
	Northern Healthcare Ass By: Cliffing Mille	ocia	etes, Member By: Northern	Healthca	ıre,	Inc.
	Signature of a member or an at (In accordance with section 608.408(3), an affirmation under the penalties of per	F.S., t	rized representative of a member the execution of this document constitutes that the facts stated herein are true.)	•		
	Richard A. Kresch, Pr					
	Typed or printe	d na	me of signee	•		

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Con	npany is:
Pride Institute of Florid	a LLC
2. The name and the Florida street address	s of the registered agent and office are:
Nationscorp. Regist	tered Agents, Inc. (Name)
526 East Park Aven	
Florida street ad	dress (P.O. Box NOT ACCEPTABLE)
Tallahassee,	FL 32302 FL 3
registered agent and agree to act in this cap	City/State/Zip  ASRY  City/State/Zip  State  Associate to accept the above stated intited to the accept the appointment to the accept the appointment to the accity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and
Ed I fund President (Sighature)	stered agent as provided for in Chapter 608, F.S

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIDE INSTITUTE OF FLORIDA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIDE INSTITUTE OF FLORIDA LLC" WAS FORMED ON THE SIXTH DAY OF MARCH,

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE

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SECRETARY OF STATE
TALLAHASSEE, FLORINA



Harriet Smith Windson, Secretary of State

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AUTHENTICATION: 1234754

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DATE: 07-10-01