

M18000002038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

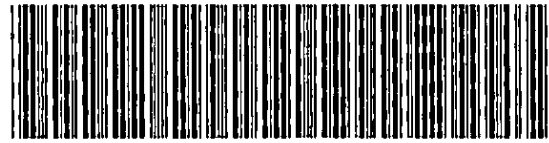
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Assignment cont
W18-10836*

Office Use Only



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FILED
18 FEB 26 AM 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2018

MICHAEL BORKOWSKI
1901 W CYPRESS CREEK RD
6TH FLOOR
FT LAUDERDALE,

SUBJECT: ONWARD LIVING RECOVERY COMMUNITY, LLC
Ref. Number: W18000010836

We have received your document for ONWARD LIVING RECOVERY COMMUNITY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The registered agent must sign accepting the designation.
- ✓ A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 418A00002211

RECEIVED

FEB 26 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONWARD LIVING RECOVERY COMMUNITY, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL BORKOWSKI
Name of Person

DELPHI BEHAVIORAL HEALTH GROUP LLC
Firm/Company

1901 W. CYPRESS CREEK ROAD, 6TH FLOOR
Address

FT. LAUDERDALE, FL 33309
City/State and Zip Code

MICHAEL@DELPHIHEALTHGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL BORKOWSKI at (954) 675-6898
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ONWARD LIVING RECOVERY COMMUNITY, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ONWARD RECOVERY, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2100 NE 3RD AVENUE
(Street Address of Principal Office)
FT. LAUDERDALE, FL
33305

6. 1901 W. CYPRESS CREEK ROAD
(Mailing Address)
6TH FLOOR
FT. LAUDERDALE, FL 33309

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

Name: MICHAEL BORKOWSKI
 Office Address: 1901 W. CYPRESS CREEK ROAD, 6TH FLOOR
FT. LAUDERDALE, Florida 33309
(City) (Zip code)

FILED
 18 FEB 26 AM 11:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

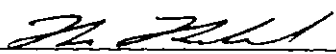
MICHAEL BORKOWSKI 
(Registered agent's signature)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>DOMINIC SIRIANNI</u> <u>1901 W. CYPRESS CREEK RD.</u> <u>FT. LAUDERDALE, FL 33309</u>	<u>CFO</u> <i>Liapar</i>	<u>MICHAEL BORKOWSKI</u> <u>1901 W. CYPRESS CREEK RD 6TH FL.</u> <u>FT. LAUDERDALE, FL 33309</u>
_____	_____	_____	_____
_____	_____	_____	_____

: attachments if necessary)

attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath and a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

MICHAEL BORKOWSKI

Typed or printed name of signee


Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONWARD LIVING RECOVERY COMMUNITY, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

6700074 8300

SR# 20180945135

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202164942

Date: 02-16-18