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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

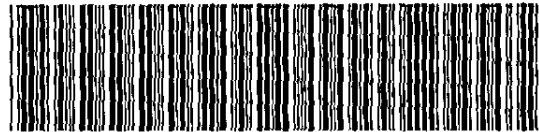
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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NATIONAL
BUSINESS
INCORPORATORS,
INC.

411 S. Palm Canyon Dr
Suite 7-119
Palm Springs, CA 92264

Phone: (760) 318-2121

Fax: (760) 318-2211

Email:

info@nationalbusinessinc.com

www.nationalbusinessinc.com

February 18, 2005

Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32301

Attention: Division of Corporations

Re: Application by Foreign Corporation For
Bristol Behavioral Care, Inc.
(a for profit corporation)

Gentlemen:

Enclosed herein please find an original and one copy of properly executed Application by Foreign Corporation and Acceptance of Resident Agent for **Bristol Behavioral Care, Inc.** a for profit corporation with a certificate of good standing from the state of Pennsylvania, for filing. Also, enclosed is our check #4763 in the amount of \$78.75, which is made payable to Florida Secretary of State, to cover the following costs:

Filing Fee for Articles of Incorporation	\$35.00
Resident Agent Fee	\$35.00
Certified Copy Fee	<u>\$ 8.75</u>
TOTAL	\$78.75

Please forward the filed copy of the Application by Foreign Corporation to the undersigned via the attached UPS Air bill to the address set forth above. Thank you for your courteous cooperation.

Sincerely yours,


Tanna C. Kelly

Enclosure:

Original and one copy of Application by Foreign Corporation
Certificate of Good Standing (Pennsylvania)
Check for Filing Fee

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bristol Behavioral Care, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tanna Kelly

(Name of Person)

National Business Incorporators, Inc.

(Firm/Company)

611 S Palm Canyon Drive, Suite 7-119

(Address)

Palm Springs, CA 92264

(City/State and Zip code)

For further information concerning this matter, please call:

Tanna Kelly

(Name of Person)

at (760) 318-2121

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

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

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JUL 24 PM 12:54
TALLAHASSEE, FL
SECRETARY OF STATE

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Bristol Behavioral Care, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Pennsylvania

(State or country under the law of which it is incorporated)

3. _____

(FBI number, if applicable)

4. April 27, 2004

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4750 SW 152th Terrace, Miramar, FL 33027

(Principal office address)

1139 Glenview Street, Philadelphia, PA 19111

(Current mailing address)

8. Human services provider and low income housing developer

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Amarilis Lafontaine-Martinez

Office Address: 4750 SW 152th Terrace

Miramar, Florida 33027
(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. 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.

Amarilis Lafontaine-Martinez
(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 business addresses of officers and/or directors:

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2007-04 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Amarilis Lafontaine-Martinez

Address: 1139 Glenview Street, Philadelphia, PA 19111

Vice Chairman: Amarilis Lafontaine-Martinez

Address: 1139 Glenview Street, Philadelphia, PA 19111

Director: Amarilis Lafontaine-Martinez

Address: 1139 Glenview Street, Philadelphia, PA 19111

Director: _____

Address: _____

B. OFFICERS

President: Amarilis Lafontaine-Martinez

Address: 1139 Glenview Street, Philadelphia, PA 19111

Vice President: Amarilis Lafontaine-Martinez

Address: 1139 Glenview Street, Philadelphia, PA 19111

Secretary: Amarilis Lafontaine-Martinez

Address: 1139 Glenview Street, Philadelphia, PA 19111

Treasurer: Amarilis Lafontaine-Martinez

Address: 1139 Glenview Street, Philadelphia, PA 19111

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Amarilis Lafontaine-Martinez

(Typed or printed name and capacity of person signing application)

RECEIVED
SECRETARY OF STATE
JAN 12 2011
PHILADELPHIA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

February 16, 2005

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

BRISTOL BEHAVIORAL CARE, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .



IN TESTIMONY WHEREOF , I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Pedro A. Cortes

Secretary of the Commonwealth

STMARTZ