

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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Email Address:	
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FOREIGN PROFIT/NONPROFIT CORPORATION National Alcohol and Substance Abuse Foundation, Inc

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

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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:

	A		. •	
1.	National Alcohol and Substance Abuse Foundation, In Name of corporation: must include the word "INCORPORA	NC. ለጥርነርን	or "CORPOR ATION" or words or appreciatio	ne office
Ų	Name of corporation; mast include the word "incorrors; wheat in language as will clearly indicate that it is a compara	A LED	stead of a natural nerson or naturership if not so	ns of like
,, H	mport in language as will clearly indicate that it is a corpora to the name at present. "Company" or "Co." may not be used	i as a c	orporate suffix by a nonprofit corporation.)	1055 _
_				- #4 ²² o
2.	Pennsylvania	3.		MQ.
	(State or country under the law of which it is incorporated	1)	(FEI number, if applicable)	
	D	_		<u> </u>
4.	December 22, 2006 (Date of Incorporation)	_ 5,	perpetual	
	(Date of Incorporation)	,	Duration: Year corp. will cease to exist or "perp	etial*);; c.
_	Upon filing of this application			
υ.	Date first conducted affairs in Florida if prior to registration. S	See 590	ions 617 1501 & 617 1502 E.S. to determine non	alty iability.
•	Come 1100 contractor of the 12 to 100 if billion 20 16 Rise 31011. W	JEB DEG	was 017.1501 E 017.1502, 1-as to destribus por	any account,
7	631 US Highway 1 Ste 304 North Palm Beach, FL 33	OUNC		
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	Сштык	C A COSMITTI	g address)	
	Name and a second and the second and	-41		d) = 4) = =
8.,	Non profit organization that will provide referral and informe	axion s	ervices for those who have drug and alcohol add	IICTION
(Purpose(s) of corporation authorized in home state or count	itry to i	e carried out in the state of Florida)	
9. 1	Name and <u>street address</u> of Florida registered ag <i>e</i> nt: (P	P.O. B	ox <u>NOT</u> acceptable)	
			•	
	•			
	Name: Alan Stevens			
Of	fice Address: 631 US Highway 1 Ste 304			
	- North Palm Beach		Florida 33408	
	(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.

by Jessica Morales as attorney-in-fact Who Moral (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:
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A. DIREC	CTORS	/ 屋稿
Chairman:_	Alan Stevens	<u> </u>
Address:	631 US Highway 1 Ste 304	
	North Palm Beach FL 33408	
Vice Chairn	nan:	25 25
-		
Director:		
Director:		
Address:		
B. OFFIC	CERS	
President:	Alan Stevens	
Address:	631 US Highway 1 Ste 304	
	North Palm Beach FL 33408	
Vice Preside	ent: Alan Stevens	
Address:	631 US Highway 1 Ste 304	
_	North Palm Beach FL 33408	
Secretary:	Alan Stevens	
Address:	631 US Highway 1 Ste 304, North Palm Beach FL 33408	
Treasurer:_	Alan Stevens	
Address:	631 US Highway 1 Ste 304 . North Palm Beach FL 33408	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or Who Morocol	
14 65	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application Stevens, President by Jessina Morales as atternoving fact.	UII)
14. <u>Ala</u>	n Stevens, President by Jessica Morales as attorney-in-fact (Typed or printed name and capacity of person signing application)	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

SEPTEMBER 16, 2011

SECRETARY OF STATE

(ALLAHASSES FI CROSS

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NATIONAL ALCOHOL AND SUBTANCE ABUSE FOUNDATION, INC.

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

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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.

Secretary of the Commonwealth

Certification Number; 9788278-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp