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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 3, 2012

DR. ISAAC OZOBIANI  
7731 SENJILL CT  
ORLANDO, FL 32818

SUBJECT: ASDL SERVICES, INC.  
Ref. Number: W12000000246

We have received your document for ASDL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign profit corporation, but your entity is a foreign non-profit corporation. Please complete and return the enclosed blank form(s).

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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 212A00000057

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ASDL SERVICES, INC.  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

DR. ISAAC OZOBIANI  
Name of Person

ASDL SERVICES, INC  
Firm/Company

7731 SENTINEL CT  
ORLANDO, FL 32818  
Address

\_\_\_\_\_  
City/State and Zip Code

AsdlServices@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Isaac Ozobiani at (407) 218-2135  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**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. ASBL SERVICES, INC.  
(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.)
2. CALIFORNIA 3. 91-1811378  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7-18-1997 5. 'Perpetual'  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 7731 Senjill Ct., Orlando, FL 32818  
(Principal office address)  
7731 Senjill Ct., Orlando, FL 32818  
(Current mailing address)
8. OUTPATIENT MENTAL HEALTH TREATMENT PROGRAM  
(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: DR. ISAAC OZOBIANI  
Office Address: 7731 SENJILL CT  
ORLANDO, Florida 32818  
(City) (Zip Code)

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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.*

Isaac Ozobiani  
(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. DIRECTORS

Chairman: DR. ISAAC OZOBIANI

Address: 7731 SENJILL CT

ORLANDO, FL 32818

Vice Chairman: MR. PHILIP JEGEDE

Address: 3223 3rd Street North

Minneapolis, MN 55412

Director: MR. Mohammed Khan

Address: 3858 Martis Street

West Sacramento, CA 95691

Director:

Address:

B. OFFICERS

President: DR. ISAAC OZOBIANI

Address: 7731 Senjill Ct

Orlando, FL 32818

Vice President: Mr. Philip Jegede

Address: 3223 3rd Street North

Minneapolis, MN 55412

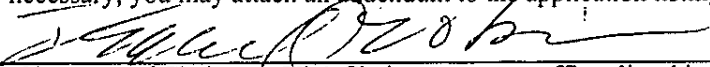
Secretary: Mohammed Khan

Address: 3858 Martis Street, W. Sacramento, CA 95691

Treasurer: Mr. Philip Jegede

Address: 3223 3rd Street North, Minneapolis, MN 55412

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. DR. ISAAC OZOBIANI  
(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

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DIVISION OF CORPORATIONS

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**CERTIFICATE OF STATUS**

ENTITY NAME:

ASDL SERVICES, INC.

FILE NUMBER: C2030913  
FORMATION DATE: 07/18/1997  
TYPE: DOMESTIC NONPROFIT CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of November 16, 2011.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

AZR