

F15000000629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

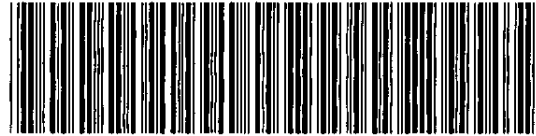
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
15 FEB 16 AM 8:46
15 FEB 16 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/17

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 504180 7960626
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

15 FEB 16 AM 8:46
TALLAHASSEE, FLORIDA

ORDER DATE : February 16, 2015
ORDER TIME : 3:42 PM
ORDER NO. : 504180-005
CUSTOMER NO: 7960626

FOREIGN FILINGS

NAME: OUTPATIENT SERVICES FL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Outpatient Services FL, 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," or "Certificate of Good Standing" 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:

Steven Spitz

Name of Person

Elements Behavioral Health, Inc.

Firm/Company

5000 E. Spring St., Ste. 650

Address

Long Beach, CA 90815

City/State and Zip code

sspitz@theelements.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Spitz

at (562) 303-9516

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

**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. Outpatient Services FL, 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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 12, 2015 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5000 E. Spring Street, Suite 650, Long Beach, CA 90815
(Principal office address)
- 5000 E. Spring Street, Suite 650, Long Beach, CA 90815
(Current mailing address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

9. 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.

Corporation Service Company

By: _____

(Registered agent's signature)

Courtney Williams
Asst. Vice President

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: David Sack

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

Vice Chairman: Rob Mahan

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David Sack

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

Vice President: _____

Address: _____

Secretary: Rob Mahan

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

Treasurer: Jim Adams

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. David Sack, PRESIDENT

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

19 FEB 16 AM 8:46
DEPARTMENT OF STATE
FLORIDA

Delaware

The First State

PAGE

15 FEB 16 AM 8:46
SECRETARY OF STATE
ALL ASSESSED FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OUTPATIENT SERVICES FL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OUTPATIENT SERVICES FL, INC." WAS INCORPORATED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5692335 8300

150202269

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2123672

DATE: 02-16-15