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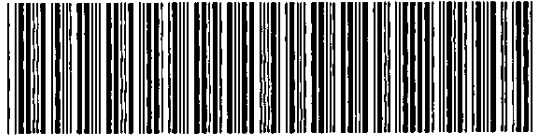
(Business Entity Name)

(Document Number)

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SOCIETY OF STATE
TALLAHASSEE, FLORIDA

FILED JAN - 6 2016

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

ACCOUNT NO. : I20000000195

REFERENCE : 936180 7955515

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : December 29, 2015

ORDER TIME : 10:02 AM

ORDER NO. : 936180-015

CUSTOMER NO: 7955515

FOREIGN FILINGS

NAME: ABILTO BEHAVIORAL HEALTH
SERVICES, P.C.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AbilTo Behavioral Health Services, P.C.
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:

Tal Tuchman
Name of Person
AbilTo
Firm/Company
320 W 37th St., 7th Floor
Address
New York, NY 10018
City/State and Zip code
ap.abilto@abilto.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tal Tuchman at (646) 757-3031
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

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

**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. ABILTO BEHAVIORAL HEALTH SERVICES, P.C., P.A.

(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. Connecticut 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/14/2015 5. perpetual
(Date of incorporation) (Date of duration, if other than 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. 320 W 37th St, 7th Floor, New York, NY, 10018
(Principal office address)

(Current mailing address, if different)

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)

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TALLAHASSEE, FLORIDA

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: M. Zender **Melissa Zender**
(Registered agent's signature) **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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Aimee Peters

Address: 43 Wagon Wheel, Redding, CT 06896

Director: _____

Address: _____

B. OFFICERS

President: Aimee Peters

Address: 43 Wagon Wheel, Redding, CT 06896

Vice President: _____

Address: _____

Secretary: Sharon Kaplow

Address: 18 Barlar Brae Road, Stamford, CT 06903

Treasurer: Aimee Peters

Address: 43 Wagon Wheel, Redding, CT 06896

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

12. Aimee Peters

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Aimee Peters, Director

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

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TALLAHASSEE FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

ABILTO BEHAVIORAL HEALTH SERVICES, P.C.

a domestic STOCK corporation, was filed in this office on October 14, 2015, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: December 29, 2015