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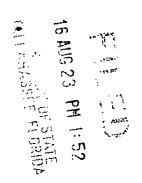
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### **COVER LETTER**

TO:	egistration Section ivision of Corporations				
SUBJ	ECT: DBSA SOUTH FLORIDA				
оово	Name of Corporation – must include suffix				
Dear S	Sir or Madam:				
Affair	aclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.				
Please	return all correspondence concerning this matter to the following:				
	LEW YAGODNIK				
	Name of Person				
	DBSA SOUTH FLORIDA				
	Firm/Company				
	7500 NW 17TH ST				
	APT 108				
	Address				
	PLANTATION, FL 33313				
	City/State and Zip Code				
	LEW@DBSASOUTHFLORIDA.ORG				
	E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, please call:				
LEW	YAGODNIK 954 812-7110 at ( )				
	Name of Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclos	sed is a check for the following amount:				
<b>□</b> \$7	0.00 Filing Fee \$\Bigsim \frac{1}{2}78.75  Filing Fee & D.00				



August 1, 2016

LEW YAGODNIK DBSA SOUTH FLORIDA 7500 NW 17TH STREET, APT. 108 PLANTATION, FL 33313

SUBJECT: DBSA SOUTH FLORIDA Ref. Number: W16000053249

We have received your document for DBSA SOUTH FLORIDA 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6051.

Letter Number: 116A00016097

Nanette Causseaux Regulatory Specialist II Supervisor

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

CONDUCT ITS AFFAIRS IN FLORIDA

(amended filing of document no. W16000053249 - fee already paid - all changes highlighted)

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:

HE STATE OF	FLORIDA:			
	H FLORIDA, INC.			
import in langua	ige as will clearly indicate th	at it is a corporation	D" or "CORPORATION" or words or a instead of a natural person or partnersh a corporate suffix by a nonprofit corpor	ip if not so contained
(If name unava	ilable in Florida, enter altern	nate corporate name	adopted for the purpose of transacting b	ousiness in Florida)
ILLINOIS		3.	90-9059614	
	ntry under the law of which i	t is incorporated)	(FEI number, if applicab	le)
. 05/11/2016		5.	(Date of duration, if other the	
([	ate of Incorporation)		(Date of duration, if other the	an perpetual)
, (Data first sand	uotad affaire in Eladida if mia	ata magistustian G	sections 617.1501 & 617.1502, F.S. to de	
			sections 617.1301 & 617.1302, F.S. to de	чегтіпе репану навіні
7500 NW 17T	H ST APT 108, PLANTATI	ON, FL 33313		
		(Principal of	ffice address)	
		(Current mailing a	ddress, if different)	
		(	, , , , , , , , , , , , , , , , , , , ,	16
Sponsor, organ	nize and lead support groups	for Floridians mana	ging depression and bipolar disorder (a	nd their families
(Purpose(s) of o	corporation authorized in hor	me state or country t	ging depression and bipolar disorder (a o be carried out in the state of Florida)	
•	•	•	,	
. Name and str	<u>eet address</u> of Florida regi	stered agent: (P.O	. Box <u>NOT</u> acceptable)	Teg P
Name:	LEW YAGODNIK			
Office Address:	7500 NW 17TH ST APT 1	108		
	PLANTATION		, Florida 33313	<del></del>
	(Cit	y)	(Zip Code	)
		•	•	
10. Registered	agent's acceptance:	_		
aving been na lesignated in th	mea as registerea agent ( is application. I hereby a	and to accept serv. iccept the appoint	ice of process for the above stated of ment as registered agent and agree	corporation at the p to act in this capac
urther agree to	comply with the provision	ons of all statutes i	relative to the proper and complete	performance of my
unes, ana 1 an	ı jamıllar wiin ana accep 	t the obligations o	of my position as registered agent.	
	The	wis h	1 Yazodnik	
			igent's signature)	<del></del>
		(	·G	

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.

### File Number

6879-852-3



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DBSA SOUTH FLORIDA, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 20, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set where we will be my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of MAY A.D. 2016.

Authentication #: 1613203432 verifiable until 05/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE