

F17000001826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

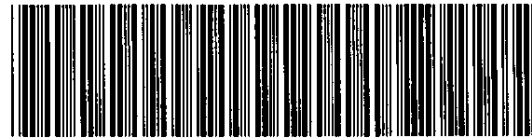
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

JONATHAN R JANEIRO, ESQ
1515 NW 167TH STREET SUITE 301
MIAMI GARDENS, FL 33169

SUBJECT: NIZNIK BEHAVIORAL HEALTH RESOURCES INC.
Ref. Number: W17000033732

We have received your document for NIZNIK BEHAVIORAL HEALTH RESOURCES INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00007637

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Niznik Behavioral Health Resources 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:

Jonathan R. Janeiro, Esq.

Name of Person

Firm/Company

1515 NW 167th Street, Suite 301

Address

Miami Gardens, FL 33169

City/State and Zip code

jjaneiro@janeirolegal.com

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

For further information concerning this matter, please call:

Jonathan R. Janeiro, Esq.

850

491-4993

at (_____) _____

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.*

Niznik Behavioral Health Resources Inc.

1. _____
(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. 82-0731314
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/8/17 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 4/14/17
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1515 NW 167th Street, Suite 301, Miami Gardens, FL 33169
(Principal office address)

(Current mailing address, if different)

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

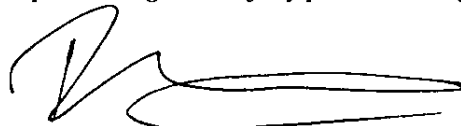
Name: Robert Niznik

Office Address: 1515 NW 167th Street, Suite 301

Miami Gardens 33169
(City) , Florida (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.



(Registered agent's signature)

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.

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STATE OF FLORIDA

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

A. DIRECTORS

Chairman: Robert Niznik

Address: 1515 NW 167th Street, Suite 301
Miami Gardens, FL 33169

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Robert Niznik

Address: 1515 NW 167th Street, Suite 301
Miami Gardens, FL 33169

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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 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. Robert Niznik

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NIZNIK BEHAVIORAL HEALTH RESOURCES
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 TWENTY-FIRST DAY OF
APRIL, A.D. 2017.



6341698 8300

SR# 20172694067

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202413857

Date: 04-21-17