

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000297129650

04/21/17--01019--002 **70.00

05/08/17--01041#-014 7 #650.00 17 #650.00

MAY 0 8 2017 Y SULKER

(14) 3016



April 24, 2017

AUSTIN WILKERSON 11340 TARRENCE ROAD LOUISVILLE, KY 40299

SUBJECT: PH RECOVERY CENTER INC.

Ref. Number: W17000035166

We have received your document for PH RECOVERY CENTER INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.

There is a balance due of \$650.00.

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: 717A00007931

COVER LETTER

TO:	Registration Section Division of Corporations				
SURT	JECT: PH Recovery Center, Inc.				
50.50	Name of Corporation – must include suffix				
Dear S	Sir or Madam:				
Affairs	nclosed "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:				
	Austin Wilkerson				
	Name of Person				
	Firm/Company				
11340 Tarrence Road					
	Address				
	Louisville, Kentucky 40299				
	City/State and Zip Code				
	cynthia@projecthoperc.net				
	E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, please call:				
Austir	n Wilkerson 817 269-7401 at ()				
	Name of Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section				
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
	Tallahassee, FL 32314 Cinton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclos	sed is a check for the following amount:				
\$ \$70	0.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$87.50 Filing Fee & Certificate of Status Certified Copy 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:

(If name unav	ailable in Florida, enter alternate corporate name adopted for the purpos	e of transacting bu	isiness in	Florida	<u>a)</u>
Texas	46-2504905				
(State or country under the law of which it is incorporated) (FEI number, if applicable pril 8, 2013				<u> </u>	
July 1, 2016	(Date of Incorporation) (Date of duration, if other than uly 1, 2016				
Date first cond 12 Hollywoo	lucted affairs in Florida if prior to registration. See sections 617.1501 & 61 d Blvd	7.1502, F.S. to dete	rmine pe	nalty lie	ībīlity.
	(Principal office address)				
ort Walton B	each, FL 32548				
	(Current mailing address, if different)				
	igious, educational, and scientific purposes			17 班	
•	corporation authorized in home state or country to be carried out in the seet address of Florida registered agent: (P.O. Box NOT acceptable)	ŕ	All ASSEC.	5.	
Name:	Rourk Dymond	,	NO.T.	學	1
ice Address:	112 Hollywood Blvd			(C)	
ce Address.			_		
	(City)	(Zip Code)			
ving been no	(City) I agent's acceptance: I med as registered agent and to accept service of process for the	e above stated co	ornoratio	on at th	he j
ignatea in tr	is application, I hereby accept the appointment as registered as comply with the provisions of all statutes relative to the proper familiar with and accept the obligations of my position as reg	r and complete n	o act in erformo	this ca ince of	paci my

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

A. DIRECTORS Don Nordin Chairman: 9701 Almeda Genoa Rd. Address: Houston TX 77075 Vice Chairman: Address: Houston TX 77075 Mark Quick Director: 9701 Almeda Genoa Rd. Address: Houston TX 77075 Cynthia Heredia Director: 9701 Almeda Genoa Rd. Houston TX 77075 **B. OFFICERS** President: Don Nordin 9701 Almeda Genoa Rd. Address: Houston TX 77075 Vice President:_ Mark Quick 9701 Almeda Genoa Rd., Houston TX 77075 Address: Mark Quick Treasurer: 9701 Almeda Genoa Rd., Houston TX 77075 Address:

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

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Don Nordin, President

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

PH Recovery Center, Inc.

Addendum

Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida

12A. Additional Directors

Mike Vecchio 9701 Almeda Genoa Rd. Houston TX 77075

Jessica Vecchio 9701 Almeda Genoa Rd. Houston TX 77075

Jason Langley 9701 Almeda Genoa Rd. Houston TX 77075

Jason Nordin 9701 Almeda Genoa Rd. Houston TX 77075





Rolando B. Pablos Secretary of State

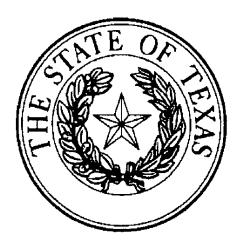
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PH Recovery Center Inc. (file number 801763573), a Domestic Nonprofit Corporation, was filed in this office on April 08, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 03, 2017.



RR

Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 726258870003