

F17000002939

(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



400300269714

06/26/17--01041--020 **78.75

FILED

17 JUN 26 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 29 2017



Cornerstone Support, Inc.

LICENSING • INSURANCE • COMPLIANCE

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

June 08, 2017

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Lakeside Recovery Solution Inc. They have hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions, please feel free to call me at (678) 740-0501 or llong@cornerstonesupport.com.

Please mail any correspondence to:
Cornerstone Support, Inc.
Attn: LaKisha Long
70 Mansell Court, Suite 250
Roswell, GA 30076

CONFIDENTIALITY NOTICE

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Sincerely,

LaKisha Long
Licensing Specialist
Cornerstone Support, Inc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakeside Recovery Solution 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:

LaKisha Long

Name of Person

Cornerstone Support, Inc.
Firm/Company

70 Mansell Court, Suite 250
Address

Roswell, GA 30076
City/State and Zip code

llong@cornerstonesupport.com

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

For further information concerning this matter, please call:

LaKisha Long

Name of Person

at (770)

Area Code

587-4595

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. Lakeside Recovery Solution Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Int.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NY 3. 81-3870908
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/12/2016 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 5815 South Park Avenue Hamburg NY 14075
(Principal office address)

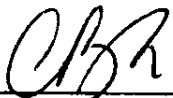
(Current mailing address, if different)

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)

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.



**Carrie Pugh
Asst Vice President**

(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.

FILED
17 JUN 26 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Louis Mendez

Address: 5815 S. Park Avenue

Hamburg, NY 14075

Director: _____

Address: _____

B. OFFICERS

President: Louis Mendez

Address: 5815 South Park Avenue, Hamburg, NY 14075

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. *Louis Mendez*

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.

x 13. Louis Mendez CEO

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

FILED
17 JUN 26 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LAKESIDE RECOVERY SOLUTION INC. was filed on 09/12/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of June two
thousand and seventeen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*