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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

JUL 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EBS Childrens Institute 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:

Ed. Stubits
Name of Person
EBS Childrens Institute
Firm/Company
200 Skiles Blvd.
Address
West Chester PA 19382
City/State and Zip code
ed.stubits@ebshealthcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ed Stubits at (800) 578-7906 x.206
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. EBS Children's Institute Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

EBS Children's Therapy
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PA 3. 383887536
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04-06-2017 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 200 Skiles Blvd, West Chester PA 19382
(Principal office address)

200 Skiles Blvd, West Chester PA 19382
(Current mailing address, if different)

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

Name: Loretta Stubits

Office Address: 300 Kings Way

Naples, Florida 34104
(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.

Loretta Stubits
(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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SECRETARY
FLORIDA

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

A. DIRECTORS

Chairman: Mark Stubits

Address: 200 Skiles Blvd

West Chester, PA 19382

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark Stubits

Address: 200 Skiles Blvd

West Chester, PA 19382

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. Mark T. Stubits President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/07/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

EBS CHILDRENS INSTITUTE INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes


Acting Secretary of the Commonwealth

Certification Number: TSC180707100063-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

Entity# : 6538419
Date Filed : 04/06/2017
Pedro A. Cortés
Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Ed Stubits Name Address City State Zip Code <input checked="" type="checkbox"/> Return document by email to: ed.stubits@ebshealthcare.com	Registration of Fictitious Name DSCB:54-311  TML170410DP1156
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
EBS Childrens Therapy

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Pediatric Behavioral Health Services

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

200 Skiles Blvd.	West Chester	PA	19382	Chester
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
Mart T Stubits	1090 S New St.	West Chester	PA	19382

PA DEPT. OF STATE

APR 06 2017

5. Each entity, other than an individual, interested in such business is (are):

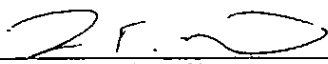
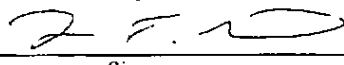
EBS Childrens Institute INC.	Corporation	Commonwealth of Pennsylvania
Name	Form of Organization	Organizing Jurisdiction
200 Skiles Blvd. West Chester, PA 19382		
Principal Office Address		
200 Skiles Blvd. West Chester, PA 19382		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

4th day of April, 2017.

	
Individual Signature	Individual Signature
Individual Signature	Individual Signature
EBS Childrens Institute INC.	
Entity Name	Entity Name
	
Signature	Signature
President	
Title	Title