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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| 1/9/18 |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---|--|--|--|
| SUBJECT: CLARITY BEHAVIORAL SOLUTIONS INC. | | | | |
| Name of corporation - must include suffix | | | | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu | Standing" and check are submitted to register the | | | |
| Please return all correspondence concerning this ma | atter to the following: | | | |
| MITCHELL RUBINSON | | | | |
| Name CLARITY BEHAVIORAL SOULTIONS, INC. | of Person | | | |
| Firm/C | Company | | | |
| 6109 LAGUNA DRIVE WEST | | | | |
| Α | ddress | | | |
| MIAMI BEACH, FLORIDA 33141 | | | | |
| City/Sta | te and Zip code | | | |
| desiree@rubinsonworld.com | | | | |
| E-mail address: (to be us | ed for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | | |
| Mitchell Rubinson at (305 | 753-0324 | | | |
| 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 Tallahassec, 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 & ☐ \$87.50 Filing Fee, Certified Copy ☐ Certificate of Status & Certified Copy | | | |



January 9, 2019

MITCHELL RUBINSON CLARITY BEHAVIORAL SOLUTIONS, INC. 6109 LAGUNA DRIVE WEST MIAMI BEACH, FL 33141

SUBJECT: CLARITY BEHAVIORAL SOLUTIONS, INC.

Ref. Number: W19000002214

We have received your document for CLARITY BEHAVIORAL SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete #7. on the application the "PRINCIPAL OFFICE ADDRESS/CURRENT MAILING ADDRESS."

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: 719A00000579

Nanette Causseaux Regulatory Specialist II Supervisor

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.

| CLARITY BEHA | AVIORAL SOLUTIONS INC. | | |
|----------------------------|--|---|---------------------|
| (Enter name of co | rporation; must include "INCORPORATED. | " "COMPANY," "CORPORATION," | |
| "Inc.," "Co.," "Co | rp." "Inc." "Co." or "Corp.") | | |
| | | | |
| | | | |
| (If name unavailal | ble in Florida, enter alternate corporate name | adopted for the purpose of transacting busing | ness in Florida) |
| | | | |
| DELAWARE | 3 | (FEI number, if applicable | e) |
| (State or country | under the law of which it is incorporated) | (1 L) hamber is approved | -, |
| DECEMBER 4. | 2018 5 | (Date of duration, if other than pe | |
| | of incorporation) | (Date of duration, if other than pe | erpetual) |
| | | | |
| | (Date first transacted business | in Florida, if prior to registration) | |
| | (SEE SECTIONS 607.1501 & 607. | 1502, F.S., to determine penalty liability) | |
| 6109 | 7 / a au na D | cive West | |
| <u> 010</u> | Princ | ipal office address) | |
| . 1 1 | | 33141 | |
| <u> </u> | ami Beach, F | ling address, if different) | |
| | (Current man | mig address, it differents | |
| | | | B Sign |
| . Name and stree | t address of Florida registered agent: (P | O. Box NOT acceptable) | |
| N T | MITCHELL RUBINSON | | - 8 각 |
| Name: | WITCHELL RODINGOT | - | <u></u> |
| office Address: | 6109 LAGUNA DRIVE WEST | | _ • |
| | | | = = |
| | | , Florida <u>33141</u> (Zip code) | w |
| | (City) | (Especial) | |
| Danietarad aga | ent's acceptance: | | |
| I Lange conse | ad as vanistared agent and to accept se | rvice of process for the above stated cor | poration at the pla |
| at a sure and the electric | annii agrice I haraby accept the appoin | itment as registerea agent ana agree to | act in this capacit |
| unther earne to c | omnly with the provisions of all statute | s relative to the proper and complete pe | erformance of my |
| uties, and I am j | familiar with and accept the obligations | s of my position as registered agent. | |
| | | | |
| | // 11// | <i>//</i> | |
| | //WWV | / | |
| | V (Registere | ed 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.

| 11. Names and business addresses of officers and/or directors. | |
|--|--|
| A. DIRECTORS | |
| Chairman: | |
| Address: | |
| | |
| Vice Chairman: | |
| Address: | <u> </u> |
| | ار الله الله الله الله الله الله الله ال |
| Director: | |
| Address: | — : |
| Address. | |
| | |
| Director: | |
| Address: | |
| B. OFFICERS President: MITCHELL RUBINSON P/D | |
| Address: 6109 Laguna Drive West | |
| Miami Beach, Florida 33141 | |
| Vice President: | |
| Address: | |
| | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| | |
| NOTE: If necessary, you may attach an addendum of the application li | asing additional officers and/or directors. |
| NOTE: If necessary, you may attach an addendum to the application in | Stillig additional_officers und or diversity |
| 12. Signature of Director or Off | icer |
| The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a whird degree felony as provided for in s.817.155, F.S. | oer 11 above) affirms that the facts stated herein a document to the Department of State constitutes |
| MITCHELL RUBINSON | - independent of the second of |
| (Typed or printed name and capacity of person | signing application) |

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLARITY BEHAVIORAL SOLUTIONS, 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 TWELFTH DAY OF DECEMBER,

A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLARITY BEHAVIORAL SOLUTIONS, INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

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Authentication: 204079462

Date: 12-12-18

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