

F190000004085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

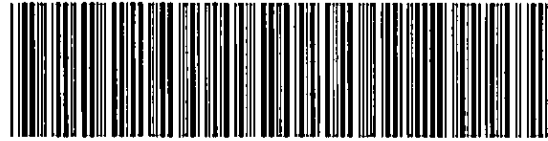
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/25/19--01006--013 **70.00

2019 SEP -3 PM 4:40

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B KINSEY
SEP 06 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2019

HAROLD JONAS
215 NW 1ST AVE
DELRAY BEACH, FL 33444

SUBJECT: SOBER NETWORK INC.
Ref. Number: W19000070944

We have received your document for SOBER NETWORK 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 failed to make the correction(s) requested in our previous letter.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 119A00016929

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SEP 03 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2019

HAROLD JONAS
215 NW 1ST AVE
DELRAY BEACH, FL 33444

SUBJECT: SOBER NETWORK INC.
Ref. Number: W19000070944

We have received your document for SOBER NETWORK 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00015974

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AUG 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SOBER NETWORK INC

SUBJECT: _____
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:
Harold Jonas

Name of Person
Sober Network Inc

Firm/Company
215 NW 1st Ave

Address
Delray Beach, FL 33444

City/State and Zip code
jonas@sobernetwork.com

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

For further information concerning this matter, please call:

Name of Person
Harold Jonas

Area Code
561

Daytime Telephone Number
441-5004

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.

SOBER NETWORK INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Sober Network Inc

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

DELAWARE

47-4903971

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
August 26, 2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
July 20, 2019

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
215 NW 1st Ave Delray Beach, Fl. 33444

7. _____
(Principal office address)

(Current mailing address, if different)

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

Harold Jonas

Name:

215 NW 1st Ave

Office Address:

Delray Beach

33444

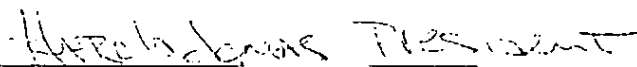
(City)

, 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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FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Harold Jonas

Address: 215 NW 1st Ave

Delray Beach, FL 33444

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.

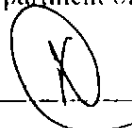
Harold Jonas, PhD, LMHC, CAP President

13. _____

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

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Delaware

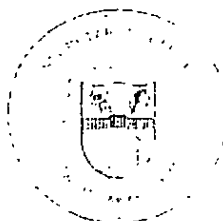
The First State

Page 1

I JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SOBER NETWORK 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-SECOND DAY OF JULY, A.D.
2015

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOBER NETWORK
INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D.
2015

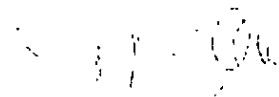
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.



5890850-0300

SR# 2015072510

To obtain a true and correct copy of this certificate, please visit corp.delaware.gov/authentic



Jeffrey W. Bullock, Secretary of State

Authentication: 2015072510

Date: 7.25.15