

F190000004986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

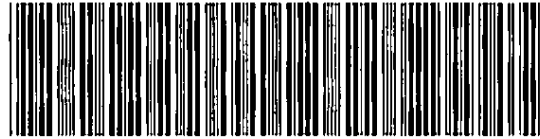
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Called Mr. John Salay
gave permission to add WTD
& Corp to line 1.
11/2/19 YS

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Office Use Only



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2019 OCT 23 PM 3:19
TALLAHASSEE, FLORIDA

Y SCOTT
NOV 2 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Insight Therapeutic Services Corporation
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

John Salay

Name of Person

Family Insight Therapeutic Services Corporation

Firm/Company

2820 Waterford Lake Drive

Suite 102

Address

Midlothian, VA 23112

City/State and Zip Code

john.salay@familyinsight.net

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

For further information concerning this matter, please call:

John Salay

Name of Person

at (804)

Area Code

405-6055

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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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:

1. Family Insight Therapeutic Services LTD. Corporation
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Virginia 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 13, 2017 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 3433 Brambleton, Suite 201-A, Roanoke, VA 24018
(Principal office street address)
2820 Waterford Lake Drive, Suite 102, Midlothian, VA 23112
(Current mailing address, if different)
8. Therapeutic Behavioral and Mental Health Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Evelyn E. Clegg
Office Address: 200 East Robinson Street Suite 295
Orlando, Florida 32801
(City) (Zip Code)
10. 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)
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.

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STATE OF FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Laura Gray
☐ Vice Chairman Address: 7113 Three Chopt Road
☐ Director Suite 301
☐ President Richmond, VA 23226
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Casey Loughery
☐ Vice Chairman Address: 2820 Waterford Drive
☒ Director Suite 102
☐ President Midlothian, VA 23112
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Paul Lawrence
☒ Vice Chairman Address: PO Box 1030 Marshall, VA
☐ Director 20116
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Peter Doyle
☐ Vice Chairman Address: PO Box 1030
☐ Director Marshall, VA 20116
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Mark Phillips
☐ Vice Chairman Address: 7113 Three Chopt Road
☐ Director Suite 301, Richmond, VA 23226
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director: _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Mark Phillips, Treasurer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FAMILY INSIGHT THERAPEUTIC SERVICES LTD." 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 AUGUST, A.D. 2019.


AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAMILY INSIGHT THERAPEUTIC SERVICES LTD." WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL, A.D. 2017.

2019 OCT 23 PM 4:19
FALCHASSE
CLERK

FILED




Jeffrey W. Bullock, Secretary of State

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SR# 20196456647

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203394788

Date: 08-12-19