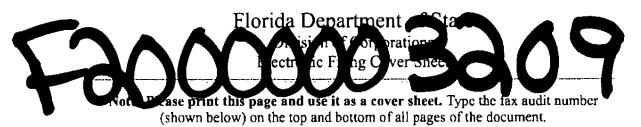
7/23/2020

Division of Corporations



(((H20000240520 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email*	1 844	ress:
CINDT.	L MUU	

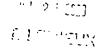
## FOREIGN PROFIT/NONPROFIT CORPORATION

## Headway Behavioral Health Management Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help



## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

•	(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED." orp," "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATI	ON."	
	(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transac	ting business in Florida)	
2.	Delaware				
2. Delaware  (State or country under the law of which it is incorporated)  (FEI number, if applications applied to the law of which it is incorporated)				applicable)	
4.	February 13, 20	19 5.	(Date of duration, it other		
	(Date	of incorporation)	(Date of duration, if other	er than perpetual)	
6.		(Date first transacted business in			
-			g address, if different)  Box NOT acceptable)		
	Name:	C T Corporation System			
Ͻť	fice Address:	1200 South Pine Island Road			
		Plantation	, Florida		
		(City)	(Zip code)	> !	
Ha	ving been num ignated in this	ent's acceptance; ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re	ent as registered agent and ag	ree to act in this capaci	

under the law of which it is incorporated.

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

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO	RS
------------	----

□ Chairman	Andrew Adams Name:	□ Chairman	Jake Sussman Name:
□Vice Chairman	Address: 401 Broadway 27th Floor	□Vice Chairman	Address: 401 Broadway 27th Floor
Director	New York, NY 10013	□Director	New York, NY 10013
President		□ President	
		■ Vice President	
Secretary	☐Treasure <del>r</del>	<b>■</b> Secretary	□Treasurer
Other		Other	□Other
□Chai <del>m</del> nan	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□ President		☐ President	
		☐Vice President	
Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	☐ Vice Chairman	Address:
□Director		□Director	
□President		☐ President	
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	Other	□ Other
		artment of State Annual Re	
	Signature of Direc	xor or Officer	
	ctor signing this document (and who is listed in males information submitted in a document to the D		

s.817.155, F.S.

13. Andrew Adams, President

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HEADWAY BEHAVIORAL HEALTH MANAGEMENT

SERVICES, 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-THIRD DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 203335000

Date: 07-23-20