

F2000000 3573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

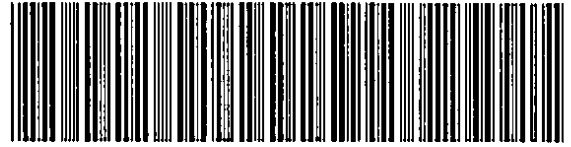
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300349000083

07/31/20--01018--007 #661.50

2020 JUL 31 PM 2:31
CLERK OF COURT
CLERK OF COURT

FILED

L.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Nassau Guidance and Counseling Services, Inc.

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:

Jeffrey Friedman, CEO

Name of Person

Central Nassau Guidance and Counseling Services, Inc.

Firm/Company

950 South Oyster Bay Road

Address

Hicksville, NY 11801

City/State and Zip Code

jfriedman@centralnassau.org

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

For further information concerning this matter, please call:

Robert Benrubi, Esq. 516 396-2813

Name of Person at () Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
---	--	---	--

**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. Central Nassau Guidance and Counseling Services, Inc.

(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.)

CN Guidance and Counseling Services, Inc.

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

2. New York 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 7, 1985 5. N/A
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 950 South Oyster Bay Road, Hicksville, NY 11801
(Principal office street address)

N/A
(Current mailing address, if different)

8. All general powers enumerated in Section 202 of the New York Not-for-Profit Corporation Law
(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: Robert A. Benrubi, Esq.
Office Address: 2125 Crown Drive
Saint Augustine, Florida 32092
(City) (Zip Code)

FILED
2020 JUL 31 PM 2:31
CLERK OF DISTRICT COURT
NASSAU COUNTY, FLORIDA

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.

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: Jeffrey Friedman
☐ Vice Chairman Address: 950 South Oyster Bay Road
Hicksville, NY 11801
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
CEO
☒ Other: _____ ☐ Other: _____

☐ Chairman Name: Carl Grossbard
☐ Vice Chairman Address: 950 South Oyster Bay Road
Hicksville, NY 11801
☐ Director _____
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

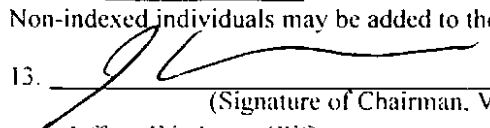
☐ Chairman Name: Nancy Manigat
☐ Vice Chairman Address: 950 South Oyster Bay Road
Hicksville, NY 11801
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
COO
☒ Other: _____ ☐ Other: _____

☐ Chairman Name: James F. O'Brien, Esq.
☐ Vice Chairman Address: 950 South Oyster Bay Road
Hicksville, NY 11801
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Audie Kranz
☐ Vice Chairman Address: 950 South Oyster Bay Road
Hicksville, NY 11801
☐ Director _____
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jean Bentley
☐ Vice Chairman Address: 950 South Oyster Bay Road
Hicksville, NY 11801
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
CFO
☒ 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 of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jeffrey Friedman, CEO
(Typed or printed name and capacity of person signing application)

Additional Board of Directors
Central Nassau Guidance & Counseling Services, Inc.

Sergio Tenaglia, Secretary
950 South Oyster Bay Road
Hicksville, NY 11801

Paul D. Tusa, Secretary
950 South Oyster Bay Road
Hicksville, NY 11801

Leonard Parness, Director
950 South Oyster Bay Road
Hicksville, NY 11801

Anthony Pisano, Director
950 South Oyster Bay Road
Hicksville, NY 11801

Mark B. Seiden, Director
950 South Oyster Bay Road
Hicksville, NY 11801

Brian Strouse, Director
950 South Oyster Bay Road
Hicksville, NY 11801

Dr. Rajvee Vora, Director
950 South Oyster Bay Road
Hicksville, NY 11801

Lisa LaMaccia, Director
950 South Oyster Bay Road
Hicksville, NY 11801

Christopher Gagliardi, Director
950 South Oyster Bay Road
Hicksville, NY 11801

Liz Burke, Director
950 South Oyster Bay Road
Hicksville, NY 11801

Dr. Mitchell Abrons, Director
950 South Oyster Bay Road
Hicksville, NY 11801

John Ciejka, Director
950 South Oyster Bay Road
Hicksville, NY 11801

DuWayne Gregory, Director
950 South Oyster Bay Road
Hicksville, NY 11801

FILED
2020 JUL 31 PM 2:31
CLERK OF COURT
JUL 31 2020

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CENTRAL NASSAU GUIDANCE AND COUNSELING SERVICES, INC. was filed on 11/09/1977, under the name of EAST PLAINS MENTAL HEALTH SERVICES, INC., as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment EAST PLAINS MENTAL HEALTH SERVICES, INC., changing its name to CENTRAL NASSAU GUIDANCE AND COUNSELING SERVICES, INC., was filed 10/07/1985.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 29th day of May two
thousand and twenty.*

Brendan C Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*