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C. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILESTONES BEHAVIORAL 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:

Ronnie Bitman

Name of Person

Bitman O'Brien & Morat, PLLC

Firm/Company

~~Primera Blvd., Suite 128~~

6015 Crescent Executive Ct., Suite 212

Address

Lake Mary, FL 32746

City/State and Zip Code

rbitman@bitman-law.com

nplayford@mbs-inc.org

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

For further information concerning this matter, please call:

Ronnie Bitman

at (407)

815-3110

Name of Person

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**

☒ \$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 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. MILESTONES BEHAVIORAL 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.)

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

2. Connecticut 3. 06-1430015
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Jan. 29, 1997 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. May 20, 2021
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 339 BOSTON POST ROAD, ORANGE, CT, 06477, USA
(Principal office street address)

(Current mailing address, if different)

8. Educational Services (CT)
(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: Ronnie Bitman, Bitman O'Brien & Morat, PLLC

Office Address: 255 Primera Blvd Suite 128 1015 Crescent Executive Ct., Ste 212
Lake Mary, Florida 32746
(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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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: Suzanne Letso
☐ Vice Chairman Address: 339 BOSTON POST ROAD
☒ Director Orange, CT 06477
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☒ Other: Executive Dir.

☐ Chairman Name: Roger Letso
☐ Vice Chairman Address: 339 BOSTON POST ROAD
☒ Director Orange, CT 06477
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other: CFO ☐ Other: _____

☐ Chairman Name: Christopher Carveth
☐ Vice Chairman Address: 26 CHERRY STREET
☒ Director MILFORD, CT, 06460
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Martin McCann
☐ Vice Chairman Address: 1261 POST ROAD
☒ Director FAIRFIELD, CT, 06824
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Heather Latorra
☐ Vice Chairman Address: 6 LUNAR DRIVE
☒ Director WOODBIDGE, CT, 06525
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Paul Piasecki
☐ Vice Chairman Address: _____
☒ Director 40 RICHARDS AVENUE, 7TH FLOOR
☐ President NORWALK, CT, 06854
☐ 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. ROGER LETSO, CEO/CFO - SECRETARY BOV
(Typed or printed name and capacity of person signing application)

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: Bill Donlon
☐ Vice Chairman Address: 155 DIX HILLS ROAD
☒ Director SOUTH HUNTINGTON, NY, 11746
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Board President ☐ Other: _____

☐ Chairman Name: Anna Friedberg
☐ Vice Chairman Address: _____
☒ Director 135 WEST 41ST STREET, 5TH FLOOR
☐ President NEW YORK, NY, 10036, USA
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Heather Wolsic
☐ Vice Chairman Address: 5435 Balboa Boulevard,
☒ Director Suite 202
☐ President Encino, CA 91316
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ 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. ROGER LETSO COO/CFO - SECRETARY BOD
(Typed or printed name and capacity of person signing application)

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: February 16, 2023

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Non-Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name	MILESTONES BEHAVIORAL SERVICES, INC
Business ALEI	US-CT.BER:0553289
Formation Date	01/29/1997



Secretary of the State