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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

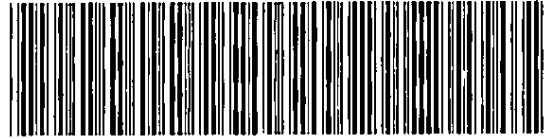
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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TALL MAHARAJA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B. Riley Sober House  
\_\_\_\_\_  
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:

Tony Correa  
\_\_\_\_\_  
Name of Person  
  
B. Riley Sober House  
\_\_\_\_\_  
Firm/Company  
  
\_\_\_\_\_  
  
2121 West 117th  
\_\_\_\_\_  
Address  
  
Cleveland, Ohio 44111  
\_\_\_\_\_  
City/State and Zip Code  
  
Tonyc@brileysoberhome.org  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Correa at ( 216 ) 280-8265  
\_\_\_\_\_  
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. B. Riley Sober House, 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.)

B. Riley House

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

2. Ohio 3. 81-4500441 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/19/2016 5. Indefinitely (Date of Incorporation) (Date of duration, if other than perpetual)

6. Have not conducted affairs in Florida (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 400 NW. 1st Ave # 2612, Miami, Florida 33128 (Principal office street address)

2121 W. 117 Cleveland Ohio 44111 (Current mailing address, if different)

8. Recovery Housing & Addiction 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: Rafael Correa

Office Address: 400 NW 1st Ave. # 2612 Miami, Florida 33128 (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.

Rafael Correa (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.

STATE OF FLORIDA  
TALLahassee, FL

2023 JUL 25 PM 2:45

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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: Michael Morgan  
 Vice Chairman Address: 400 NW 1st Ave  
 Director APT 2612  
 President Miami, Florida  
 Vice President 33128  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Eni Presutti  
 Vice Chairman Address: 400 NW 1st  
 Director APT 2612  
 President Miami, Florida  
 Vice President 33128  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Kenneth Alexander  
 Vice Chairman Address: 400 NW 1st Ave  
 Director APT # 2612  
 President Miami, Florida  
 Vice President 33128  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Betsy Konya  
 Vice Chairman Address: 400 NW 1st  
 Director APT # 2612  
 President Miami, Florida  
 Vice President 33128  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Ruth Lukehart  
 Vice Chairman Address: 400 NW 1st  
 Director APT # 2612  
 President Miami, Florida  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: Board member  Other: \_\_\_\_\_

Chairman Name: Ty Stimpert  
 Vice Chairman Address: 400 NW 1st  
 Director APT # 2612  
 President Miami, FL 33128  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: Board member  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. Michael Morgan President  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show B.RILEY SOBER HOUSE, an Ohio not for profit corporation, Charter No. 3961400, having its principal location in Cleveland, County of Cuyahoga, was incorporated on November 19, 2016 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of July, A.D. 2023.*

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202320004054