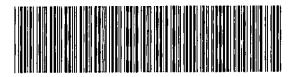
# F23000004493

| (Requestor's Name)                      |          |
|---|----------|
| (Address)                               |          |
| (Address)                               | <u> </u> |
| (City/State/Zip/Phone #)                |          |
| PICK-UP WAIT                            | MAIL     |
| (Business Entity Name)                  |          |
| (Document Number)                       |          |
| Certified Copies Certificates of St     | atus     |
| Special Instructions to Filing Officer: |          |
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### **COVER LETTER**

| _  | ision of Corporations  |  |   |
|--|--|--|---|
| HRIFCT   | B. Riley Sober House   |  |   |
| OBJECT   | Name of Corpora  | ation - must include suffix  |   |
| ear Sir or l   | Madam:   |  |   |
| Mairs in Fl  | d "Application by Foreign Not for Prolorida", "Certificate of Existence", or above referenced not for profit corpor              | "Certificate of Status" and c  | heck are submitted to                                     |
| lease return   | n all correspondence concerning this r   | natter to the following:   |   |
|  | Tony Correa  |  |   |
|  | Name   | of Person  | <del></del>   |
|  | B. Riley Sober House   |  |   |
|  | Firm   | /Company   |   |
|  |  |  |   |
|  | 2121 West 117th  |  | <del></del>   |
|  |  | Address  |   |
|  | Cleveland, Ohio 44111  |  |   |
|  | City/State   | and Zip Code   |   |
|  | Tonyc@brileysoberhome.org  |  |   |
|  | E-mail address: (to be used for  | or future annual report notifi   | cation)   |
| or further is  | nformation concerning this matter, ple   | ease call:   |   |
| ony Correa   |  | 216 280-8265   |   |
|  | Name of Person   | Area Code Daytime T  | elephone 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 |   |
| nclosed is a<br>lease make o<br>] \$70.00 Fi   | a check for the following amount:<br>check payable to: FLORIDA DEPARTN<br>iling Fee S78.75 Filing Fee &<br>Certificate of Status | □\$78.75 Filing Fee &  | ■\$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  (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 Flordia  |
| (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. 15T Ave # 2612, Man. Florida 33128 (Principal office street address)   |
| 2121 W.117 Crewland 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 15T Ave. # 2412  MIAMI ,Florida 33128  (City) (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.

Rogal Carea (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: MIChael Morgan                     |                 | Name: Gin prosuth                     |  |  |
| □Vice Chairman  | Address: 400 ww 14 pre                   | □Vice Chairman  | Address: 400 NW 1st.                  |  |  |
| □Director   | Apr 2612                                 | Director        | APT 2612                              |  |  |
| President   | MIAMI PORTIONA                           | President       | Miamo Mondia                          |  |  |
| □Vice President   | 33128.                                   | □Vice President | 33158                                 |  |  |
| Secretary   | ☐ Treasurer                              | Secretary .     | □Treasurer                            |  |  |
| Other:  | Other:                                   | Other:          | Other:                                |  |  |
| □ Chairman  | Name: Kennum Atexander                   | □ Chairman      | Name: PSUSY Konya                     |  |  |
| □Vice Chairman  | Address: 400 NW. 15 Arc                  | □Vice Chairman  | Address: 400 NW. 157                  |  |  |
| □Director   | APT # 2412                               | □Director       | APT A 2612                            |  |  |
| □President  | Mism. Plandia                            | □President      | Miami Plondia                         |  |  |
| Vice President  | 33128                                    | □Vice President | 33128                                 |  |  |
| □Secretary  | Treasurer                                | Secretary       | Treasurer                             |  |  |
| □Other:   | Other:                                   | □Other:         | Other:                                |  |  |
| □Chairman □Vice Chairman  | Name: Ruth Lukehart Address: 400 NV. 18T |                 | Name: TY STIMPERT Address: 400 NW. 17 |  |  |
| □Director   | Apri # 21a2                              | □Director       | APT # 2612                            |  |  |
| □President  | Mi Am. Mondia                            | □President      | Mismi, F1 33128                       |  |  |
| □Vice President   |  | □Vice President |                                       |  |  |
| □Secretary  | Treasurer                                | Secretary       | □Treasurer                            |  |  |
| Cother: OAr   | d Mumby Other:                           | Other: Ocea     | dmun Dother                           |  |  |
| 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.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  14. Minute Moygan Pyesially  (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.

**Ohio Secretary of State** 

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Validation Number: 202320004054