# F250000000330

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Susmess Entity (Vallie)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



### **ORDER FORM**

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 1/15/2025

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1337265

**ORDER ENTITY** 

PL2, INC.

#### PLEASE PERFORM THE FOLLOWING SERVICES:

PL2, INC. (FL)

File the attached foreign qualification document

### NOTES:

\$70.00 Authorized

### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## **COVER LETTER**

TO:	: Registration Section Division of Corporations				
SLiBJ	BJECT:				
	Name of Corporation – must include suffix	<del></del>			
Dear :	ar Sir or Madam;				
Affair	enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conductairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted the above referenced not for profit corporation to conduct its affairs in Florida.				
Please	ase return all correspondence concerning this matter to the following:				
	Rebecca Saferstein, Senior Paralegal				
	Name of Person				
	Arnall Golden Gregory LLP				
	Firm/Company				
	171-17th Street, NW				
	Suite 2100				
Address					
	Atlanta, GA 30363				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For fu	further information concerning this matter, please call:				
Rebe	becca Saferstein 404 870-5604 at ( )				
	Name of Person Area Code Daytime Telephone Number	ľ			
	Mailing Address: Registration Section Section Section Section				
	Division of Corporations Division of Corporations				
	P.O. Box 6327 The Centre of Tallahassee				
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please	closed is a check for the following amount: see make check payable to: FLORIDA DEPARTMENT OF STATE 570.00 Filing Fee \$\Begin{array}{c} \S70.00 Filing Fee & \Begin{array}{c} \S87.50 Fil	ne of Status &			

# 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:

P2L, Inc.				
(Name of corpo import in langua in the name at p	ration: must include the word "INCO ige as will clearly indicate that it is a resent, "Company" or "Co." may not	RPORATED" or "CORPORATION corporation instead of a natural per be used as a corporate suffix by a r	N" or words or abbreviat son or partnership if not nonprofit corporation.)	ions of like so contained
(If name unava	ilable in Florida, enter alternate corp	orate name adopted for the purpose	of transacting business i	n Florida)
. Georgia		3		
(State or cour	ntry under the law of which it is inco	rporated) (FEI nun	nber, if applicable)	
1. 11/05/2014	Date of Incorporation)	5.		
<u> </u>	Pate of Incorporation)	(Date of dura	ition, if other than perpeti	ual)
(Date first cond	ation acted affairs in Florida if prior to regis	tration. <i>See sections 617,1501 &amp; 617</i>	.1502, F.S. to determine p	enalty liability.)
7. 4720 Peachtre	e Industrial Blvd., Suite 201, Berkele	y Lake, Georgia 30071		
	(Pr	ncipal office street address)		
	Curre	nt mailing address, if different)		<del></del>
	,	,		25 J
To provide dene	and algebra administration arisis interpretation	a consiste and management to turk one	Laboria Grandillo.	JAN
Purpose(s) of	and alcohol education, crisis intervention or poration authorized in home state	as assume to be opered out in the	tota of Clarida	—— 5尹型
(ruipose(s) or c	imporation audiorized in nome state	or country to be carried out in the s	tate of riorida)	3/5/m
	eet address of Florida registered a	<u> </u>		STATE STATE AS STATE OF STATE
Name:	Erin Eslinger			<b>- 18</b>
Office Address:	Erin Eslinger 2346 Russel Road Green Cove Springs (City)			**
	Green Cove Springs	Florida 32043		
	(City)	(Z	(ip Code)	
10. Registered Having been na lesignated in th	agent's acceptance: med as registered agent and to a is application, I hereby accept th comply with the provisions of al ar with and accept the obligation	ccept service of process for the e appointment as revistered avo	above stated corporati ent and agree to act in	this capacity. I
		1741		
	(1	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.

## Document ID: 4829352f236b44cd8c800d2afbea9b54606a3575

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

[]Chauman	See attached.	Chairman	Name:
l IVice Chairman	Address:	□Vice Chairman	Address:
□ Ducctor		Director	
□President		□President	
LIVice President		□Vice President	
[]Secretary	E Treasurer	□ Secretary	). Freasurer
[]Other:	□ Other:	Other:	
□Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
LiPresident		President	
ElVice President	-1	□Vice President	
F18ccretary	LlTreasurer	□Secretary	12Treasurer
D'Other,	C Other:	CFO	TOther:
CChairman -	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
[]Director		Director	
□President		□President	
L'Vice President		□Vice President	
[]Secretary	□Treasurer	☐ Secretary	□ Treasurer
L]Other	Other:	[]Other:	Other
Non-indexed indiv	riduals may be added to the index when fil	ing your Florida Department o	·
	(Signature of Chairman, Vice Chairman, cton, Chairman	or any officer listed in number	12 of the application)

# ATTACHMENT TO APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA FOR P2L, Inc.

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

Name	Title	Address
Keith Compton	Chairman	4720 Peachtree Industrial
		Blvd., Suite 201, Berkeley
		Lake, Georgia 30071
David Pritchard	Vice Chairman, Secretary	4720 Peachtree Industrial
		Blvd., Suite 201, Berkeley
		Lake, Georgia 30071
Ryan Stringfield	Executive Director	4720 Peachtree Industrial
		Blvd., Suite 201, Berkeley
	. ]	Lake, Georgia 30071
fim Strickland	Director	4720 Peachtree Industrial
		Blvd., Suite 201. Berkeley
		Lake, Georgia 30071
Frank Sabo	Director, Chief Financial	4720 Peachtree Industrial
	Officer and Treasurer	Blvd., Suite 201, Berkeley
		Lake, Georgia 30071
Leonce Crump	Director	4720 Peachtree Industrial
		Blvd., Suite 201, Berkeley
		Lake, Georgia 30071
Kim Walsh	Director	4720 Peachtree Industrial
		Blvd., Suite 201, Berkeley
	]	Lake, Georgia 30071
Dana Blair	Director	4720 Peachtree Industrial
		Blvd., Suite 201, Berkeley
		Lake, Georgia 30071
Jim Alecxih	Director	4720 Peachtree Industrial
		Blvd., Suite 201, Berkeley
		Lake, Georgia 30071

Control Number: 14109811

# STATE OF GEORGIA

### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1. **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# P2L, Inc. a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number 28412286
Date Inc Auth Filed 11 05 2014
lurisdiction Georgia
Print Date 01 14 2025
Form Number 211



Brad Raffongage

Brad Raffensperger Secretary of State