

M18000001952

(Requestor's Name)

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(Address)

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(Document Number)

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J. LEGGETT  
FEB 26 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2018

MICHAEL BORKOWSKI  
1901 W CYPRESS CREEK ROAD, 6TH FLOOR  
FT LAUDERDALE, FL 33309 US

SUBJECT: BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC  
Ref. Number: W18000010604

We have received your document for BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 718A00002167

RECEIVED  
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**COVER LETTER**

**TO:**     **Registration Section**  
          **Division of Corporations**

**SUBJECT:**    BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL BORKOWSKI

\_\_\_\_\_  
Name of Person

DELPHI BEHAVIORAL HEALTH GROUP LLC

\_\_\_\_\_  
Firm/Company

1901 W. CYPRESS CREEK ROAD, 6TH FLOOR

\_\_\_\_\_  
Address

FT. LAUDERDALE, FL 33309

\_\_\_\_\_  
City/State and Zip Code

MICHAEL@DELPHIHEALTHGROUP.COM

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

For further information concerning this matter, please call:

MICHAEL BORKOWSKI

954

675-6898

at ( \_\_\_\_\_ )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BREAKTHROUGH LIVING RECOVERY COMMUNITY, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- BREAKTHROUGH LIVING RECOVERY RESIDENCE, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. DELAWARE 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3701 S. OLIVE AVENUE 6. 1901 W. CYPRESS CREEK ROAD  
(Street Address of Principal Office) (Mailing Address)
- WEST PALM BEACH, FL 33405 6TH FLOOR
- FT. LAUDERDALE, FL 33309

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MICHAEL BORKOWSKI

Office Address: 1901 W. CYPRESS CREEK ROAD, 6TH FLOOR

FT. LAUDERDALE, Florida 33309  
(City) (Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

MICHAEL BORKOWSKI

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>DOMINIC SIRIANNI</u>	<u>CFO</u>	<u>MICHAEL BORKOWSKI</u>
	<u>1901 W. CYPRESS CREEK RD 6th Flr.</u>		<u>1901 W. CYPRESS CREEK RD 6th Flr.</u>
	<u>FT. LAUDERDALE, FL 33309</u>		<u>FT. LAUDERDALE, FL 33309</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MICHAEL BORKOWSKI

Signature of an authorized person

MICHAEL BORKOWSKI

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BREAKTHROUGH LIVING RECOVERY  
COMMUNITY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF  
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR  
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF  
FEBRUARY, A.D. 2018.

  
Jeffrey W. Bullock, Secretary of State

6700076 8300

SR# 20180954958

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202165091

Date: 02-16-18