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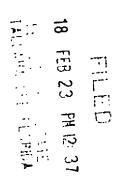
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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J. LEGGETT



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 FEB 2 6 2013

COVER LETTER

TO:

Registration Section

Div	dision of Corporation	ns				
SUBJECT:	BREAKTHROUGI	I LIVING RECOVERY CO	MMUNITY, LLC	:		
		Name of	Limited Liability	Company		
					ansact Business in Florida," Cer y company to transact business i	
Please return	all correspondence o	concerning this matter to the	following:			
	MICHAEL BO	RKOWSKI				
		N	ame of Person			
	DELPHI ВЕН А	AVIORAL HEALTH GROU	JP LLC			
		F	irm/Company		_ .	
	1901 W. CYPR	ESS CREEK ROAD, 6TH	FLOOR			
			Address			
	FT. LAUDERI	DALE, FL 33309				
		City/S	tate and Zip Code	!		
	MICHAEL@DE	LPHIHEALTHGROUP.CO	М			
		E-mail address: (to be use	d for future annua	l report no	tification)	
For further in	nformation concernin	g this matter, please call:				
MI	CHAEL BORKOWS	KI	954 at (675-68	98	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	LING ADDRESS: ision of Corporations sistration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsize \text{\$\Sigma}\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate

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 RUSINESS IN THE STATE OF FLORIDA.

(If name unavailable, enter alternate	ING RECOVERY RESIDENCE, LLC name adopted for the purpose of transacting business in I		Liability Company,"	""L.L.C." or "LLC.")	1
2 DELAWARE	•	3.	, ,		
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FEI n	umber, if applicable)	
4	10		-m^		
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.) mune penalty liability)			
5. 3701 S. OLIVE AVE (Street Address of		6. 1901 W. CYPRESS CRI			
WEST PALM BEAC		(Mailing / 6TH FLOOR	(daress)		
	····	FT. LAUDERDALE, FL	. 33309		
			·	∷	
7. Name and street addre	ess of Florida registered agent: (P.O. Bo	ox NOT acceptable)			
Name:	MICHAEL BORKOWSKI		.: ::	. :]
rvanie.	1901 W. CYPRESS CREEK ROAD,	(THELOOD		23	
	- 1901 W. CYPKESS CRPEK RUAD	DIMPLOUK			- 1
Office Address:					-,
Office Address:	FT. LAUDERDALE	, Florida 33309			-,
Registered agent's acce	FT. LAUDERDALE (City)	. Florida 33309 (Zip	code) 7	. Ξ. Ξ. Ξ. ω	
Registered agent's acce Having been named as r designated in this applic to comply with the provis	FT. LAUDERDALE (City)	Florida 33309 (Zip f process for the above stated limit as registered agent and agree to a	ted liability co ect in this cape	mpany at the pacity. I further	olace · agree
Registered agent's acce Having been named as r designated in this applic to comply with the provis	FT. LAUDERDALE (City) ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the proper	Florida 33309 (Zip f process for the above stated limit as registered agent and agree to a	ted liability co ect in this cape	mpany at the pacity. I further	olace · agree
Registered agent's acce Having been named as r designated in this applic to comply with the provis	FT. LAUDERDALE ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properts of my position as registered agent.	. Florida 33309 (Zip f process for the above stated limit as registered agent and agree to a er and complete performance of m	ted liability co ect in this cape	mpany at the pacity. I further	olace · agree
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Signature of an authorized person

MICHAEL BORKOWSKI

Typed or printed name of signee

Page 1

Delaware The First State

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.

Authentication: 202165091

Date: 02-16-18