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| (Re                     | questor's Name)   |              |
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| (Cit                    | y/State/Zip/Phone | #)           |
| PICK-UP                 | WAIT              | MAIL         |
| (Bu                     | siness Entity Nam | ne)          |
| (Do                     | cument Number)    | <del> </del> |
| Certified Copies        | _ Certificates    | of Status    |
| Special Instructions to | Filing Officer:   |              |
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Office Use Only



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SECRETARY OF STATE
ALLABASSES ELOSIO

O SETTIONS



February 1, 2018

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

SUBJECT: NEW PERSPECTIVES, LLC

Ref. Number: W18000010840

We have received your document for NEW PERSPECTIVES, 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):

 $\checkmark$  The registered agent must sign accepting the designation.

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.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 718A00002211

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## COVER LETTER

TO:

Registration Section

| Div               | rision of Corporation   | 18  |                                    |   |   |        |
|-------------------|---|---|------------------------------------|---|---|--------|
| SUBJECT:          | NEW PERSPECTIV  | /ES, LLC                                      |                                    |   |   |        |
|                   |   | Name of                                       | Limited Liability                  | Company   |   |        |
|                   |   |   |                                    |   | ansact Business in Florida," Co<br>y company to transact business               |        |
| Please return     | all correspondence o  | concerning this matter to the                 | following:                         |   |   |        |
|                   | MICHAEL BO  | RKOWSKI                                       |                                    |   |   |        |
|                   |   | N   | ame of Person                      |   |   |        |
|                   | DELPHI BEHA   | VIORAL HEALTH GROU                            | JP LLC                             |   |   |        |
|                   |   | Fi  | rm/Company                         |   |   |        |
|                   | 1901 W. CYPR  | ESS CREEK ROAD, 6TH                           | FLOOR                              |   |   |        |
|                   | <del>- ,-</del>   | <del></del>                                   | Address                            |   |   |        |
|                   | FT. LAUDERD   | DALE, FL 33309                                |                                    |   |   |        |
|                   | <del></del>   | City/S  | tate and Zip Code                  | :   |   |        |
|                   | MICHAEL@DE  | LPHIHEALTHGROUP.CO                            | М                                  |   |   |        |
|                   |   | E-mail address: (to be used                   | d for future annua                 | l report not                                    | ification)  |        |
| For further in    | nformation concerning   | g this matter, please call:                   |                                    |   |   |        |
| . MI              | CHAEL BORKOWS   | KI  | 954<br>at (                        | 675-689   | 98  |        |
| <del></del>       | Name o  | f Contact Person                              | Area Code                          | Day   | time Telephone Number   |        |
| Div<br>Reg<br>P.O | ision of Corporations<br>sistration Section<br>Box 6327<br>lahassee, FL 32314 |   |                                    | Division<br>Registrate<br>Clifton B<br>2661 Exc | ADDRESS: of Corporations ion Section uilding centive Center Circle ce, FL 32301 |        |
|                   | check for the follow<br>\$125.00 Filing Fee                                   | -   | Elector cu                         |   |   | r      |
| د صن              | 125.00 Filing Fee   | ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin<br>Certified Copy | _   | ☐ \$160.00 Filing Fee, Certi<br>of Status & Certified Copy                      | ficate |

## 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 NEW PERSPECTIVES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") FRESH PERSPECTIVE, 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.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 5. 1901 W. CYPRESS CREEK ROAD 6. 1901 W. CYPRESS CREEK ROAD (Street Address of Principal Office) (Mailing Address) 6TH FLOOR 6TH FLOOR FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MICHAEL BORKOWSKI Name: 1901 W. CYPRESS CREEK ROAD, 6TH FLOOR Office Address: \_\_\_, Florida 33309 (Zin code) FT. LAUDERDALE 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 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: CEO DOMINIC SIRIANNI MICHAEL BORKOWSKI 1901 W. CYPRESS CREEK RO FT. LAUDERDALE, FL 33309 Unfile. 1901 W. CYPRESS CREEK & 4,6 FT. LAUDERDALE, FL 3336

se attachments if necessary)

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

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

Signature of an authorized person

MICHAEL BORKOWSK!

Typed or printed name of signee

## 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:

| NEW PERSPECTIVE  | S. LLC   |   |   |
|--|--|---|---|
|  | Limited Liability Company; must include "Limited   | Liability Company," "L.L.C.," or "I   | LLC.")  |
| RESH PERSPECTIVE.  |  | <del></del>   |   |
|  | name adopted for the purpose of transacting business in Flor   | nda. The alternate name must include "Limi  | ited Liability Company," "L.L.C." or "LUC.")  |
| DELAWARE  (Junsdiction under the law of w  | which foreign limited liability company is organized)  | 3   | El number, if applicable)   |
|  | , , , ,  |   |   |
| ·  | (Date first transacted business in Florida, if prior to re   | POSTRIEM )  |   |
|  | (See sections 605,0904 & 605,0905, F,S to determin   | ne penalty liability)   |   |
| 1901 W. CYPRESS C  |  | 6. 1901 W. CYPRESS C  |   |
| (Street Address of<br>6TH FLOOR  | Principal Office)  | (Майи<br>6TH FLOOR  | ing Address)  |
| FT. LAUDERDALE, I  | FI 33309   | FT. LAUDERDALE,   | FL 33309 P S T T  |
| T. ENOUGHDANA  |  |   | <b>宝二 8</b> 二   |
| No   | as of Flurida majutared equate (B.O. Por   | NOT accentuble)   | Mill B In   |
| . Name and street addres   | ss of Florida registered agent: (P.O. Box  | NOT acceptable)   | 高宝业口  |
| Name:  | MICHAEL BORKOWSKI  | <del></del>   |   |
| Office Address:  | 1901 W. CYPRESS CREEK ROAD, 67   | TH FLOOR  | E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| Villee Address.  | PT LAUNCHTALE  | , Florida 33309   | ر<br>م  |
|  | FT. LAUDERDALE (City)  | , Florida 33309   | Zin muta)   |
| aving been named as re<br>esignated in this applica  | egistered agent and to accept service of patien, I hereby accept the appointment as  | rocess for the above stated lin<br>registered agent and agree to  | mited liability company at the place<br>o act in this capacity. I further agree   |
| laving been named as re<br>esignated in this applica<br>comply with the provisi  | rgistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent.   | rocess for the above stated lin<br>registered agent and agree to  | mited liability company at the place<br>o act in this capacity. I further agree   |
| aving been named as re<br>esignated in this applica<br>comply with the provise   | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent.  MICHAEL BORKOWSKI  | rocess for the above stated lin<br>registered agent and agree to<br>and complete performance of   | mited liability company at the place<br>o act in this capacity. I further agree   |
| aving been named as re<br>esignated in this applica<br>comply with the provise   | rgistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent.   | rocess for the above stated lin<br>registered agent and agree to<br>and complete performance of   | mited liability company at the place<br>o act in this capacity. I further agree   |
| aving been named as re<br>esignated in this applica<br>comply with the provisi<br>nd accept the obligation   | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent.  MICHAEL BORKOWSKI  | rocess for the above stated lin<br>registered agent and agree to<br>and complete performance of<br>gnature)   | mited liability company at the place o act in this capacity. I further agree f my duties, and I am familiar with  |
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| aving been named as resignated in this application comply with the provision accept the obligation.  The name, title or capa Title or Capacity:  CEO   | egistered agent and to accept service of pution, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent.  MICHAEL BORKOWSKI  (Registered agent's significant and address of the person(s) who has Name and Address:  DOMINIC SIRIANNI  1901 W. CYPRESS CREEK BETT. LAUDERDALE, FL 33305  | rocess for the above stated ling registered agent and agree to and complete performance of grature)  shave authority to manage is/a Title or Capacity:  CFO | mited liability company at the place o act in this capacity. I further agree f my duties, and I am familiar with  are:  Name and Address:  MICHAEL BORKOWSKI  1901 W. CYPRESS CREEK &   |
| aving been named as resignated in this applicate comply with the provision accept the obligation.  The name, title or capa Title or Capacity:  CEO  attachments if necessached is a certificate  | egistered agent and to accept service of pution, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.  MICHAEL BORKOWSKI  (Registered agent's signature and address of the person(s) who has Name and Address:  DOMINIC SIRIANNI  1901 W. CYPRESS CREEK BET. LAUDERDALE, FL 33307  sary)  of existence, no more than 90 days old, drof which it is organized. (If the certificate  | gnature)  where authority to manage is/a  Title or Capacity:  CFO  CFO  CFA  CFA  CFO  CFO  CFA  CFO  CFO   | mited liability company at the place o act in this capacity. I further agree f my duties, and I am familiar with  are:  Name and Address:  MICHAEL BORKOWSKI  1901 W. CYPRESS CREEK & FT. LAUDERDALE. FL 33377  |
| laving been named as resignated in this applicate of comply with the provisional accept the obligation.  The name, title or capatitle or Capacity: CEO  attachments if necessached is a certificate iction under the law translator must be still is document is executed. | egistered agent and to accept service of pution, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.  MICHAEL BORKOWSKI  (Registered agent's since and address of the person(s) who has Name and Address:  DOMINIC SIRIANNI  1901 W. CYPRESS CREEK REFT. LAUDERDALE, FL 33305  sary)  of existence, no more than 90 days old, drof which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203 of the Department of State constitutes a thir | gnature)  Whave authority to manage is/a  Title or Capacity:  CFO  CFO  CFO  CFO  (1) (b), Florida Statutes, I am a degree felony as provided for           | mited liability company at the place of act in this capacity. I further agree f my duties, and I am familiar with are:  Name and Address:  MICHAEL BORKOWSKI  1901 W. CYPRESS CREEK R. FT. LAUDERDALE. FL 333777  ial having custody of records in the inslation of the certificate under oath aware that any false information or in s.817.155. F.S. |
| laving been named as resignated in this applicate of comply with the provisional accept the obligation.  The name, title or capatitle or Capacity: CEO  attachments if necessached is a certificate iction under the law translator must be still is document is executed. | egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent.  MICHAEL BORKOWSKI  (Registered agent's since and address of the person(s) who has Name and Address:  DOMINIC SIRIANNI  1901 W. CYPRESS CREEK BET. LAUDERDALE, FL 33307  sary)  of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203  | gnature)  Whave authority to manage is/a  Title or Capacity:  CFO  CFO  CFO  CFO  (1) (b), Florida Statutes, I am a degree felony as provided for           | mited liability company at the place of act in this capacity. I further agree f my duties, and I am familiar with are:  Name and Address:  MICHAEL BORKOWSKI  1901 W. CYPRESS CREEK R. FT. LAUDERDALE. FL 333777  ial having custody of records in the inslation of the certificate under oath aware that any false information or in s.817.155. F.S. |

Typed or printed name of signee

MICHAEL BORKOWSKI



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEW PERSPECTIVES, 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.

5700077 8300

IR# 20180954957

Authentication: 202165044

Date: 02-16-18