

F25000000330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

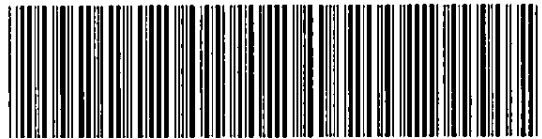
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2005 JAN 15 PM 2:49
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 15 AM 10:48

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

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

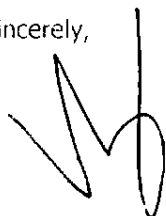
RETURN/FORWARDING INSTRUCTIONS:

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

SUBJECT: P2L, Inc.
Name of Corporation -- must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please 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 further information concerning this matter, please call:

Rebecca Saferstein

Name of Person

at (404)

Area Code

870-5604

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$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. P2L, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Georgia 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/05/2014 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. Upon qualification
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 4720 Peachtree Industrial Blvd., Suite 201, Berkeley Lake, Georgia 30071
(Principal office street address)

(Current mailing address, if different)
8. To provide drug and alcohol education, crisis intervention services and resources to students and their families
(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: Erin Eslinger
Office Address: 2346 Russel Road
Green Cove Springs, Florida 32043
(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.

(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 15 AM 10:48

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: See attached.

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: ^{CFO} _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

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.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Keith Compton, Chairman

(Typed or printed name and capacity of person signing 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
Jim Strickland	Director	4720 Peachtree Industrial Blvd., Suite 201, Berkeley Lake, Georgia 30071
Frank Sabo	Director, Chief Financial Officer and Treasurer	4720 Peachtree Industrial 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

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **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
Jurisdiction Georgia
Print Date 01/14/2025
Form Number 211



Brad Raffensperger

Brad Raffensperger
Secretary of State