



State of Rhode Island
Department of State - Business Services Division

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Application for Certificate of Authority
FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|
| 1. The name of the corporation is: CONSCIENTIA HEALTH P.A. | | |
| 2. It is incorporated under the laws of: FLORIDA | | |
| 3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: CONSCIENTIA HEALTH P.A. CORPORATION (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: | | |
| 4. The date of its incorporation is: 1/31/2022 | | |
| And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ | | |
| 5. The address of its principal office is: 734 IRMA AVE, ORLANDO FLORIDA 32803 | | |
| 6. The name and address of the initial registered agent/office in Rhode Island: | | |
| Agent Name Northwest Registered Agent LLC | | |
| Street Address (NOT a P.O. Box) 47 Wood Ave, Suite 2 | | |
| City/Town Barrington, | State RHODE ISLAND | Zip Code 02806 |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

PSYCHIATRIC AND MENTAL HEALTH SERVICES

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

| NAME | ADDRESS |
|---------------------------|----------------------------------|
| SIMBIAT OLADIRAN-ADIGHIJE | 86 FURMAN BLVD, KEYPORT NJ 07735 |
| | |
| | |
| | |

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

| OFFICE | NAME | ADDRESS |
|----------------|-------------------------|----------------------------------------|
| PRESIDENT | SIMBIATOLADIRANADIGHIJE | 86 FURMAN BLVD KEYPORT NJ 07735 |
| VICE PRESIDENT | | |
| TREASURER | | |
| SECRETARY | STACY HARRIS | 650 NEWARK AVE, 1ST ELIZABETH NJ 07208 |

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:


| NUMBER OF SHARES | CLASS | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|------------------|--------|--------|---------------------------------|
| 100 | COMMON | A | NO PAR VALUE |
| | | | |
| | | | |
| | | | |

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.02 %

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing. | |
| 13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY | |
| <input type="checkbox"/> Date received (Upon filing) | |
| <input checked="" type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) <u>01/01/2023</u> | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i> | |
| Type or Print Name of Authorized Officer | Date |
| SIMBIAT OLADIRAN-ADIGHIJE | 12/14/2023 |
| Signature of Authorized Officer of the Corporation | |
|  | |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Florida



Department of State

I certify from the records of this office that CONSCIENTIA HEALTH P.A. is a corporation organized under the laws of the State of Florida, filed on January 31, 2022.

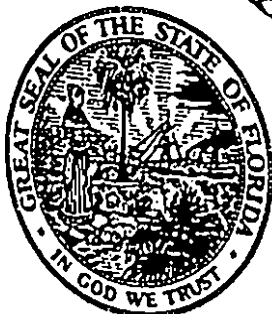
The document number of this corporation is P22000009565.

I further certify that said corporation has paid all fees due this office through December 31, 2022, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Second day of December, 2022




Cord Byrd
Secretary of State



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

December 15, 2022 03:22 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

