97117175

03/27/97

FOUNDATION, INC.

FREE SPIRITS ADOLESCENT PROGRAMS

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER: 9711175
EFFECTIVE DATE: 03/27/1997
JURISDICTION : ALABAMA
REFERENCE : 0045
PRINT DATE : 03/28/1997
FORM NUMBER : 317

C T CORPORATION SYSTEM
JEAN STEVENS
1201 PEACHTREE STREET, N.E.
ATLANTA, GA 30361

CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS

I, Lewis A. Massey, the Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that

THREE SPRINGS ADOLESCENT PROGRAMS FOUNDATION, INC.
A FOREIGN NONPROFIT CORPORATION

has been duly incorporated under the laws of the jurisdiction set forth above and has filed an application meeting the requirements of Georgia law to transact business as a foreign corporation in this state.

WHEREFORE, by the authority vested in me as Corporation Commissioner, the above named corporation is hereby granted, on the effective date stated above, a certificate of authority to transact business in the State of Georgia as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.

Lewis A. Massey
Secretary of State

Three Springs
Adolescent Programs Foundation

Officers & Directors

1.) Thomas M. Watson
President

247 Chateau Drive
Huntsville, AL 35801

2.) Beverly McLemore
Secretary

247 Chateau Drive
Huntsville, AL 35801

3.) Brooke E. Balch
Treasurer

247 Chateau Drive
Huntsville, AL 35801

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Three Springs Adolescent Programs Foundation incorporated in Madison County, Huntsville, Alabama on January 11, 1996. I further certify that the records do not disclose that said Three Springs Adolescent Programs Foundation has been dissolved.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

March 21, 1997

Date

Jim Bennett

Jim Bennett **Secretary of State**

MAX CLELAND
Secretary of State
State of Georgia

BUSINESS SERVICES AND REGULATION
Suite 315, West Tower
2 Martin Luther King Jr., Drive
Atlanta, Georgia 30334-1530
(404) 656-2817

J. F. GULLION
Director

APPLICATION FOR CERTIFICATE OF AUTHORITY

DO NOT WRITE IN SHADED AREA - SOS USE ONLY

DOCKET # 9708107FN PENDING CONTROL # P176658 CONTROL # 971175

Docket Code 314 Name Reservation # _____ Corporation Type FN

Date Filed 3-27-97 Amount Received $ $10.00 Check/Receipt # _____

Jurisdiction (State/Country) Code AL

Examiner 45 Date Completed _____

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE THE REMAINDER OF THIS FORM.
INSTRUCTIONS ARE ON THE BACK OF THIS FORM.

1. Three Springs Adolescent Programs Foundation, Inc.
Corporate Name

March 31, 1997 Check One: ☐ Profit ☒ Non-Profit
Date Business Commenced (or Proposed) in Georgia

2. Jean F. Stevens (404) 888-6488
Applicant / Attorney Telephone Number

1201 Peachtree Street, N.E., Suite 1240
Address

Atlanta GA 30361
City State Zip Code

3. Alabama January 11, 1996 Perpetual
Jurisdiction (Home State/Country) Date of Incorporation Period of Duration

247 Chateau Drive, Suite A
Principal Office Mailing Address of Corporation

4. Huntsville, Alabama 35801
City State Zip Code

5. C T Corporation System
Name of Registered Agent in Georgia

c/o C T Corporation System, 1201 Peachtree Street, N.E.
Registered Office Street Address in Georgia

Atlanta Fulton GA 30361
City County State Zip Code

6. See attached list of officers
Officer/CEO Address/City,State,Zip

Officer/CFO Address/City,State,Zip

Officer/SEC Address/City,State,Zip

See attached list of directors
Director Address/City,State,Zip

Director Address/City,State,Zip

Director Address/City,State,Zip

7. NOTICE: Mail or deliver an original and one copy of this form and the Secretary of State filing fee (profit - $170; nonprofit - $70) to the Secretary of state at the above address. A certificate of existence, certified by the home state or country within 90 days of filing in Georgia, must be filed with this application. Photostated/or faxed documents will not be accepted.

Authorized Signature: Brooke E. Balch Date: 3/24/97
Brooke E. Balch

CT2267 (12-91) (GA. - 1674 - 9/1/92)

SECRETARY OF STATE 97 MAR 31 PM 3

Secretary of State

Corporations Division
315 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

BROOKE BALCH
247 CHATEAU DRIVE
HUNTSVILLE AL 35801

DOCKET NUMBER	:	K90820827
CONTROL NUMBER	:	K711175
DATE AUTHORIZED	:	03/27/1997
JURISDICTION	:	ALABAMA
EFFECTIVE DATE	:	03/23/1999
REFERENCE	:	0033
PRINT DATE	:	03/23/1999
FORM NUMBER	:	127

CERTIFICATE OF WITHDRAWAL

I, Cathy Cox, the Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that

THREE SPRINGS ADOLESCENT PROGRAMS FOUNDATION, INC.
A FOREIGN NONPROFIT CORPORATION

incorporated under the laws of the jurisdiction stated above and authorized to transact business in Georgia on the date stated above, has filed an application for withdrawal in the office of the Secretary of State and has paid the required fees pursuant to Title 14 of the Official Code of Georgia Annotated and the Rules and Regulations promulgated thereunder. Therefore, the authority of said corporation to transact business in Georgia is hereby terminated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.

CATHY COX
SECRETARY OF STATE

BR127 (12-98)

Secretary of State
Cathy Cox

CORPORATIONS DIVISION
315 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530
(404) 656-2817

K90820827

BROOKE BALCH
247 CHATEAU DRIVE
HUNTSVILLE AL 35801

DOCKET NUMBER : K90360173
CONTROL NUMBER: K711175
DATE FILED : 03/27/1997
JURISDICTION : ALABAMA
AMOUNT DUE : $35.00
PRINT DATE : 02/05/1999
FORM NUMBER : 238

APPLICATION FOR WITHDRAWAL
OF

THREE SPRINGS ADOLESCENT PROGRAMS FOUNDATION, INC.
A FOREIGN NONPROFIT CORPORATION

The above named corporation is not transacting business in Georgia and hereby surrenders its authority to transact business in this state. The corporation revokes the authority of its registered agent and consents that service of process may be made on said corporation by service upon the Secretary of State. The address listed below is the street address where the corporation may be served legal process. The corporation also acknowledges its legal obligation to notify the Secretary of State of any change in mailing address.

Complete and return all copies of this form with a check made payable to the Secretary of State for the amount due above which represents the filing fee and (if due) the annual fees.

LEGAL SERVICE ADDRESS: Three Springs, Inc.
247 Chateau Drive: Suite A
Huntsville, Alabama 35801

SECRETARY OF STATE
MAR 23 9 09 AM '99
BSR (4)

RLS RLS CFO
SIGNATURE AND TITLE

2/24/99
DATE

SECRETARY OF STATE
MAR 5 3 30 PM '99
BSR (3)

CORPORATIONS DIVISION
Suite 315, West Tower
2 Martin Luther King Jr., Drive
Atlanta, Georgia 30334-1530

LEWIS A. MASSEY
Secretary of State

WARREN H. RARY
Director

DEFICIENT DOCUMENT FILING NOTICE

BROOKE BALCH
247 CHATEAU DRIVE
HUNTSVILLE AL 35801

DATE RECEIVED: 3/5/99

EXAMINER: Daphne Ballard

PHONE: 404-656-2821

Docket Number:

Control Number:

RE: THREE SPRINGS ADOLESCENT PROGAMS FOUNDATION, INC.

ATTENTION: Corrections Are To Be Made By Applicant. Return This Form With Corrected Documents.

☐ Incorrect / Omitted Fee. Correct Filing Fee is .

☐ Failure to include .

☐ The individual who reserved the name is not listed or referenced in your submitted documents. Please provide a letter transferring the name reservation to an individual listed within the documents.

☐ Failure to include street and county of initial registered office and/or the name of the initial registered agent at that office.

☐ Failure to include name and address of each incorporator.

☐ Failure to file certificate of existence from home state. This document must be certified by the home state within 90 days of filing in Georgia.

☐ Failure to include verification of publication. This verification should be a signed statement verifying that the required publication notice has been delivered or mailed to the publisher. This requirement may not be met with a clipping of the newspaper ad or a copy of the correspondence addressed to the publisher.

☐ Entity has not filed its annual registration for the year(s) 0 (Rule 590-7-1.11) Complete the enclosed annual registration form and return with a check for $0 for accumulated fees. Pursuant to Rule 590-7-1-.11 "Any corporate filing made between January 1 and April 1 must be accompanied by the annual registration for the current year, as well as any annual registrations due from previous years."

☒ OTHER: PLEASE SIGN THE BOTTOM OF THE APPLICATION .

If Documents Are Corrected And Returned Within Thirty (30) Days Of The Date Of This Notice, They Will Be Deemed Filed As Of The Initial Date Received. Deficient Filings Are Deemed Abandoned If Still Pending After Sixty (60) Days From Initial Receipt. A New Filing (Including New Filing Fees) Will Be Required. All Fees Are Non-Refundable.

MASTERNJ.DOC2/97