


STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
FILING CERTIFICATE (CERTIFIED COPY)

Corporation Name: COLLEGE RECOVERY LLC
Business Id: 0600406463
Certificate Number: 6000128617

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT AN ALTERNATE NAME FILING ON May 27, 2016 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY
HAND AND AFFIXED MY OFFICIAL SEAL AT
TRENTON, THIS
October 01, 2020 A.D.




ELIZABETH MAHER MUOIO
STATE TREASURER

VERIFY THIS CERTIFICATE ONLINE AT

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

FEE REQUIRED

REGISTRATION OF ALTERNATE NAME

C-150G

Complete the following applicable information, and sign in the space provided. Please note that once filed, the information contained in the filed form is considered public. **Refer to the instructions on page 26 for filing fees and field-by-field requirements.** Remember to remit the appropriate fee amount. Use attachments if more space is required for any field.

Check Appropriate Statute:

_____ Title 14A:2-2.1 (2) New Jersey Business Corporation Act ☒ Title 42-2C Limited Liability Company
_____ Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act _____ Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

1. Name of Corporation/Business: COLLEGE RECOVERY LLC
2. NJ 10-digit ID number: 0600406463
3. Set forth state of Original Incorporation/Formation: New Jersey
4. Date of Incorporation/Formation: 1/6/2014
5. Alternate Name to be used: Soba New Jersey
6. State the purpose or activity to be conducted using the Alternate Name: Health care-Outpatient care center
7. The Business intends to use the Alternate Name in this State.
8. The Business has not previously used the Alternate Name in this State in violation of this Statute, or; if it has, the month and year in which it commenced such use is: _____

Signature requirements:

For Corporations
For Limited Partnerships
For all Other Business Types


SIGNATURE:

Philip Chasin
NAME (please type):

Chairman of the Board., President, Vice-President
General Partner
Authorized Representative

Authorized Representative

TITLE:

5/12/16
DATE:

**THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT
REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.**