F19000004100

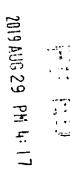
(Re	questor's Name)	
(Ad	dress)	-
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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BKINSEY

COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT: Back on M	Ay Feet				
2000		Name of Corpora	ition – must i	nclude suffix	,	_
Dear S	ir or Madam:					
Affairs	s in Florida", "C	tion by Foreign Not for Pro ertificate of Existence", or renced not for profit corpor	"Certificate o	f Status" and ch	neck are submitted	
Please	return all corres	pondence concerning this r	natter to the f	ollowing:		
	Paul J.	Hilger, Chief Financial Office	r			
		Name	of Person			
	Back or	1 My Feet				
		Firm	/Company		-	
	100 Sot	uth Broad Street				
	Suite 2	136				2019 AUG 29
		Ä	ddress			A T
	Philade	lphia, PA 19110				29
		City/State	and Zip Cod	e		P
		Bbackonmyfeet.org			; .	PH 4:17
	E-r	nail address: (to be used for	r future annua	il report notifica	ntion)	1
For fur	ther information	concerning this matter, ple	ease call:			
Paul J.	Hilger	at	215	772-1080		
	Name	of Person	Area Code	Daytime Tel	ephone Number	_
	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	SS:
Enclos	ed is a check for	the following amount:				
570	.00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$87.50 Filin Fee,Certificate Certified C	of Status &

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:

(11 Hanne unava	,	r i	5 003111633 1	n Florida)	l
Pennsylvania		3. 26-2109809 (FEI number, if applic			
(State or cour	itry under the law of which it is incorpo	rated) (FEI number, if applic	able)		_
1/4/2008		5	<u>,</u>		_
(E	Date of Incorporation)	5. (Date of duration, if other	than perpet	ual)	
n/a					
		tion. See sections 617.1501 & 617.1502, F.S. to	determine p	enalty liab	ilit
100 South Bro	ad Street, Suite 2136 Philadelphia, PA	19110			
	(Pr	incipal office address)			_
	•				
	· ·				
Running progr	(Current	mailing address, if different) mote self-sufficiency, confidence, strength, an	d self-estee	m. 2	
(Purpose(s) of o	(Current) ams for the homeless population to prot	mote self-sufficiency, confidence, strength, an country to be carried out in the state of Florida	d self-estee	19 AUG 2	- -
(Purpose(s) of o	(Current) ams for the homeless population to proteorporation authorized in home state or eet address of Florida registered age	mote self-sufficiency, confidence, strength, an country to be carried out in the state of Florida	d self-estee	19 AUG 29	
(Purpose(s) of or Name and strange Name:	(Current) ams for the homeless population to proteorporation authorized in home state or eet address of Florida registered age CT Corporation System	mote self-sufficiency, confidence, strength, an country to be carried out in the state of Florida ent: (P.O. Box <u>NOT</u> acceptable)		19 AUG 29	 - -
(Purpose(s) of or Name and strange Name:	(Current) ams for the homeless population to proteorporation authorized in home state or eet address of Florida registered age CT Corporation System	mote self-sufficiency, confidence, strength, an country to be carried out in the state of Florida		19 AUG 2	

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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

see attached Chairman: Address: Vice Chairman: Address: Director: Address:____ Director: Address: **B. OFFICERS** see attached President:__ Address: Vice President: Address:_____ Secretary: Address: Treasurer: Address:____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Paul Hilger, Chief Financial Officer (Typed or printed name and capacity of person signing application)

Back on My Feet 100 S. Broad St., Ste. 2136 Philadelphia, PA 19110

Board of Directors as of 8/27/19

Name	Address	Back on My Feet Board of Directors Role
Dave Guilmette	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Chairman
Anne Berkowitch	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Vice Chairman
Peter B. Cole	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Vice Chairman
Charlie Constable	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Treasurer
Andrew Mariniello	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Secretary
Jeff Adams	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Board Member
Jeni Bell	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Board Member
Greg Douglass	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Board Member
Eric Foss	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Board Member
Beth Ann Kaminkow	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Board Member
Vince Melchiorre	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Board Member
Jay Shipowitz	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Board Member
Brent Wyper	100 S. Broad St., Ste. 2136 Philadelphia, PA 19110	Board Member

	Corporate Officers	
Katy Sherratt	100 S. Broad St., Ste. 2136	CEO
	Philadelphia, PA 19110	ł
Paul Hilger	100 S. Broad St., Ste. 2136	CFO
	Philadelphia, PA 19110	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/27/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Back on My Feet

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190827151800-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify