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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Disabled and Alone/Life Services for the Handicapped, 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", 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:

Roslyn Brilliant, Executive Director

(Name of Person)

Disabled and Alone/Life Services for the Handicapped, Inc.

(Firm/Company)

352 Park Avenue South, 11th Floor

(Address)

New York, NY 10010

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie D. Park, Chairman

(Name of Person)

at (212) 532-6740

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$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

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**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. Disabled and Alone/Life Services for the Handicapped, 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.)

2. New York

(State or country under the law of which it is incorporated)

3. 13-3530656

(FEI number, if applicable)

4. 10/04/1988

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. January 7, 2004

(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 352 Park Avenue South, 11th Floor, New York, NY 10010

(Principal office address)

(same as above)

(Current mailing address)

8. To look after disabled people when their families cannot do so (due to incapacity or death).

(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 or Mail Drop Box **NOT** acceptable)

Name: Richard Stimson

Office Address: 921 Rockledge Drive

Rockledge

(City)

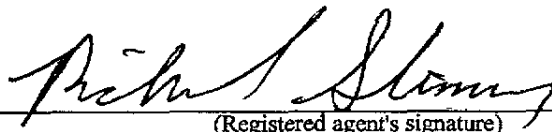
Florida 32955

(Zip Code)

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CORPORATIONS

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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Leslie D. Park

Address: 25 Arbor Lane, Dix Hills, NY 11746

Vice Chairman: (See attached Board of Directors list)

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Leslie D. Park, Chairman of the Board
(Typed or printed name and capacity of person signing application)

Disabled and Alone/Life Services for the Handicapped Board of Directors

- | | |
|---|--|
| <p>1. Mr. Jerome Belson
Chairman
<i>Belson Enterprises, Inc.</i>
495 Broadway
New York, NY 10012</p> | <p>9. Mr. Stanley Pinska, AIA*
Vice President of the Board
<i>May & Pinska</i>
27 West 24th Street
New York, NY 10010</p> |
| <p>2. Mr. Rex L. Davidson
Executive Director
<i>Goodwill Industries of Greater
New York and Northern New Jersey</i>
4-21 27th Avenue
Astoria, NY 11102</p> | <p>10. Mr. Kenneth Preston
32 Washington Square West
New York, NY 10011</p> |
| <p>3. Mr. Robert Gutheil
10 West 15th Street
Apt. 1110
New York, NY 10011</p> | <p>11. Ms. Elizabeth Rose*
Assistant Secretary of the Board
100 Aldrich Street, Apt. 10D
Bronx, NY 10475</p> |
| <p>4. Mr. Wells Jones
Executive Director
<i>Guide Dog Foundation of Long Island</i>
371 East Jericho
Smithtown, NY 11787</p> | <p>12. Mr. William Shannon, J.D.*
Treasurer of the Board
Senior Vice President
<i>Mutual of America</i>
320 Park Avenue
New York, NY 10022-6839</p> |
| <p>5. Ms. Maryl C. Levine
6128 Maiden Lane
Bethesda, MD 20817</p> | <p>13. Dr. Leon Sternfeld, M.D.
1385 York Avenue
New York, NY 10012</p> |
| <p>6. Mr. Eugene L. Mauro
President and CEO
<i>Quattro M Securities, Inc.</i>
2 White Birch Road
Pound Ridge, NY 10576-2324</p> | <p>14. Mr. Peter Van Nuys, Esq.*
Vice President of the Board
Attorney at Law
<i>Becker, Glynn, Melamed & Muffly</i>
299 Park Avenue, 16th Floor
New York, NY 10171</p> |
| <p>7. Dr. Naomi Miller*
Secretary of the Board
45 East 89th Street
Apt. 9E
New York, NY 10128</p> | <p>15. Mr. John B. Wingate
166-25 Powells Cove Blvd.
Apt. 10D
Beechhurst, NY 11357</p> |
| <p>8. Leslie D. Park*
Chairman of the Board
25 Arbor Lane
Dix Hills, NY 11746</p> | <p>16. Dr. Joel Sherlock
17 Bluff Point
Northport, NY 11768</p> |

***Elected Officers**

Updated 1/13/04

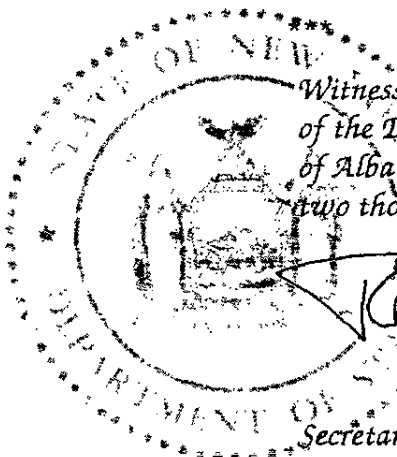


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 04 MAR -9 PM 3:03

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of DISABLED AND ALONE/ LIFE SERVICES FOR THE HANDICAPPED, INC. was filed on 10/04/1988, under the name of LIFE SERVICES FOR THE HANDICAPPED, INC., as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment LIFE SERVICES FOR THE HANDICAPPED, INC., changing its name to DISABLED AND ALONE/ LIFE SERVICES FOR THE HANDICAPPED, INC., was filed 05/20/1994.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 23rd day of February
two thousand and four.

[Signature]

Secretary of State

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