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TALLAHASSEE FLORIDA

✓ 04/26/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREATMENT ACTION GROUP, 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:

BARBARA HUGHES

(Name of Person)

TREATMENT ACTION GROUP, INC.

(Firm/Company)

611 BROADWAY, ROOM 608

(Address)

NEW YORK, NEW YORK 10012-2608

(City/State and Zip Code)

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For further information concerning this matter, please call:

JOSEPH McCONNELL

(Name of Person)

at (212) 253-7922

(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

**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. T.A.G. TREATMENT ACTION GROUP, 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. 13-3624785

(FEL number, if applicable)

4. PERPETUAL

(Date of Incorporation)

5. PERPETUAL

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

6. 05/01/2005

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 611 BROADWAY, ROOM 608, NEW YORK NEW YORK 10012

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. TO SOLICIT CONTRIBUTIONS - INCORPORATED CHARITABLE 501(C)3 ORGANIZATION

(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 **NOT** acceptable)

Name: ALBERT P. MACCARONE JR.

Office Address: 126 EAST RIVO ALTO DRIVE

MIAMI BEACH


(City)

Florida 33139

(Zip Code)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BARBARA HUGHES

Address: 160 BLEECKER ST. #5H, NEW YORK NY 10012

Vice President: _____

Address: _____

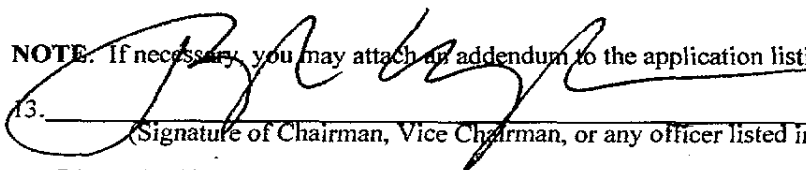
Secretary: LAURA A. MORRISON

Address: 14 HORATIO ST., #1J, NEW YORK NY 10014

Treasurer: LAURA A. MORRISON

Address: 14 HORATIO ST., #1J, NEW YORK NY 10014

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

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

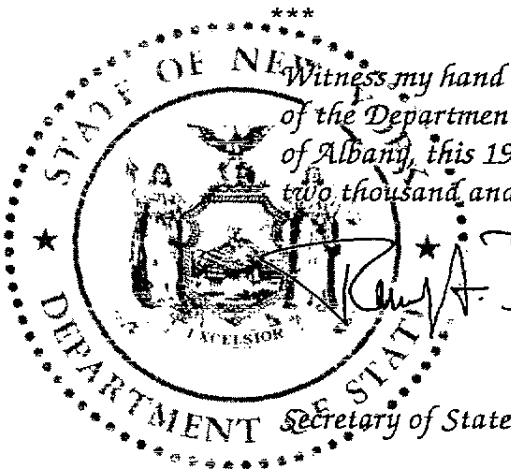
14. BARBARA HUGHES, PRESIDENT, BOARD OF DIRECTORS
(Typed or printed name and capacity of person signing application)

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State of New York } **ss:**
Department of State

I hereby certify, that the Certificate of Incorporation of T.A.G. TREATMENT ACTION GROUP, INC. was filed on 12/17/1991, under the name of T.A.G. - TREATMENT ACTION GUERRILLAS, 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 T.A.G. - TREATMENT ACTION GUERRILLAS, INC., changing its name to T.A.G. TREATMENT ACTION GROUP, INC., was filed 06/10/1993.



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