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FOREIGN PROFIT/NONPROFIT CORPORATION

Employee ^{AND} Family Resources, Inc

Certificate of Status		0
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C.S. 2-15



February 2, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION

SUBJECT: EMPLOYEE & FAMILY RESOURCES, INC.
REF: W07000005665

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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722

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2007 FEB -1 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Employee and Family Resources, 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 of present "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Iowa

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

3. 42-0823932

(FBI number, if applicable)

4. 10-12-1964

(Date of incorporation)

5. 10-12-2014

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

6. Upon qualification

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

7. 505 5th Ave, Suite 930, Des Moines, Iowa 50309

(Principal office address)

505 5th Ave, Suite 930, Des Moines, Iowa 50309

(Current mailing address)

8. Mental health and substance assessment services

(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: **Joseph Emmanuel**

Office Address: **2802 E. Lloyd St.**

Pensacola

(City)

Florida **32503**

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Kevin Koester

Address: 306 SW School, PO Box 189
Ankeny, Iowa 50021

Vice Chairman: Kris Jensen

Address: 400 Locust Street, Suite 300
Des Moines, Iowa 50309

Director: Donna Emerson

Address: 4500 University Avenue
West Des Moines, Iowa 50266

Director: Gerald Page

Address: 1449 NW 91st Street
Clive, Iowa 50325

B. OFFICERS

President: Kevin Koester

Address: 306 SW School, PO Box 189
Ankeny, Iowa 50021

Vice President: Kris Jensen

Address: 400 Locust Street, Suite 300
Des Moines, Iowa 50309

Secretary: Donna Emerson

Address: 4500 University Avenue, West Des Moines, Iowa 50266

Treasurer: Gerald Page

Address: 1449 NW 91st Street, Clive, Iowa 50325

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

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

14. Kevin Koester, Board President
(Typed or printed name and capacity of person signing application)

**IOWA SECRETARY OF STATE
MICHAEL A. MAURO**

Date: 02/01/2007

CERTIFICATE OF EXISTENCE

Name: EMPLOYEE AND FAMILY RESOURCES, INC. (504RDN - 79055)
Date of Incorporation: 10/12/1964
Duration: 10/12/2014

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the nonprofit corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Revised Iowa Nonprofit Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS11393

To validate this certificate please visit
the following web site and enter the certificate ID.
www.sos.state.ia.us/ValidateCertificate

Michael A. Mauro
MICHAEL A. MAURO SECRETARY OF STATE