## T-070000005840

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE A

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Sisters of Mercy of the Americas
Hermanas de la Misericordia de las Américas

Mid-Atlantic Community
Brooklyn • Dallas • Merion • New Jersey • New York

November 21, 2007

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301



To Whom It May Concern:

As per this letter, **Sisters of Mercy of the Americas Mid-Atlantic Community, Inc.** is requesting authorization to conduct business in the state of Florida. Enclosed please find the following:

- Cover Letter
- Certificate of Existence

Vapa Belar

- Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida
- \$70.00 filing fee

Please feel free to contact me at 914-328-3200 ext. 417 or e-mail <u>kpbehar@nymercy.org</u> if you have any questions. Thank you in advance.

Sincerely,

Kristina Papa Behar

Director of Development

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Sisters of Mercy of the Americas Mid-Atlantic (Name of Corporation - must include suffix)  Community, Inc.
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:
Kristing Papa Behar (Name of Person)
Sisters of Mercy of the Americas Mid-Atlantic Community, In
New York Office For 3
150 Ridge ROAD AHER SON (Address)
New York Office  150 Ridge ROAD  (Address)  HARTSdale, New York 10530  (City/State and Zip Code)  (City/State and Zip Code)
For further information concerning this matter, please call:
KRISTINA PAPA BEHAR at (914) 328-3200 ext. 417 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,  Certificate of Status Certified Copy 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:

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or at import in language as will clearly indicate that it is a corporation instead of a natural person or partnershi in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corpora	nmunity, Inc. bereviations of like p if not so contained tion.)
State or country under the law of which it is incorporated)  May 10, 2006  (Date of Incorporation)  State or country under the law of which it is incorporated)  (Date of Incorporation)  JO-4874208  (FEI number, if applicable of Incorporation)  (Duration: Year dorp. will cease to exist	<u> </u>
(Date of Incorporation)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to dete  7. Administrative Office 515 Montgomery Avenue Werion  (Principal office address)	rmine penalty liability.)
New York Office - 150 Ridge Rd HARTSdale, NY 105	<i>30</i>
Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	TILINOV 21
Name: SistER Constance Gleason	TALL/HASSEE, FLORIDA
Office Address: Strathmore Riverside Villas 2669 Riverbluff Parkway - VILLA 120  SARASOTA , Florida 34231  (City) (Zip Code)	- Division -
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated con	rporation at the place

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.

4 Sixtu Constance Deason (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	٠
Chairman:	Per Service To the service of the se
Chairman:	
Address:	2 7
	STORY TO
Vice Chairman:	FP. H
Vice Chairman:	DATE OF
Address:	jer o
	<u> </u>
Director:	
Director.	
Address:	
Director:	
Address:	
⟨B. OFFICERS	
	Acaa .
President: Sr. Christine McCam	1, 125111
Address: 515 Montgomery	Avenue
Merion, PA 19066	Avenue 1297
Vice President: St. DATRICIA //ETA	ANO, RSM
The resident The r	1
Address: 3/3 Montgomery	Hvenue
Nerion, PA 1906	Avenue 6-1297
Secretary:	
A 11	
Address:	<del></del>
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)
14. Sr. PATRICIA VE	TRAND, RSM d capacity of person signing application)
(Typed or printed name an	d capacity of person signing application)

## STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

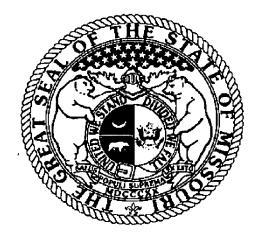
I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

SISTERS OF MERCY OF THE AMERICAS MID-ATLANTIC COMMUNITY, INC. N00737552

was created under the laws of this State on the 10th day of May, 2006, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 29th day of October, 2007

Secretary of State



Certification Number: 10185101-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification