

FD8000000706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

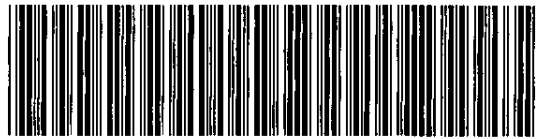
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200116207112

01/31/08--01011--001 **70.00

FILED

2008 FEB 15 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CO. 2-18-08

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Louisiana counseling and family services

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John McLellan

(Name of Person)

Louisiana counseling and family services

(Firm/Company)

300 Rt. 70 West Suite 105 Cherry Hill, NJ 08002

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

John McLellan

(Name of Person)

at () 856-357-6551

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2008

JOHN MCLELLAN / LOUISIANA COUNSELING & FAMILY SERVICES
300 RT. 70 WEST, STE. 105
CHERRY HILL, NJ 08002

SUBJECT: LOUISIANA COUNSELING AND FAMILY SERVICES, INC.
Ref. Number: W08000005714

att: Carolyn Davis Lewis

We have received your document for LOUISIANA COUNSELING AND FAMILY SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your certificate states that you are a non profit, but, you filled out the foreign profit qualification. Please check to make sure you sent the correct form for Florida. Remember you are qualifying the non profit from Louisiana. Also, your federal number has letters in front and at the end of the numbers. Please give us your federal number all in numbers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 508A00007194

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

RECEIVED
08 FEB 15 AM 8:00
DIVISION OF CORPORATIONS

**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. Louisiana Counseling and Family Services 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. Metairie Louisiana 3. 721137239
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 27, 1989 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 4747 Hollywood blvd su 238 Hollywood, fl 33021
(Principal office address)
300 Marlton Pike w su 105 Cherry Hill, NJ 08002
(Current mailing address)
8. counseling, legal clinic, research and evaluations
(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: John McLellan
Office Address: 4747 Hollywood blvd su 238
Hollywood, Florida 33021
(City) (Zip Code)

FILED
2008 FEB 15 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

John McLellan
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Ana Manguno

Address: 934 Homestead Ave. Metairie Louisiana 70003

Vice Chairman: Ana Manguno

Address: 934 Homestead Ave. Metairie, LA 70003

Director: John McLellan

Address: 300 Rt. 70 West Suite 105 Cherry Hill, NJ 08002

Director: _____

Address: _____

B. OFFICERS

President: Ana Manguno 934 Homestead Ave. Metairie, LA 70003

Address: _____

Vice President: Ana Manguno

Address: 934 Homestead Ave. Metairie, LA 70003

Secretary: Lyle Gonzales

Address: 121 Dearce Dr St. Rose Louisiana

Treasurer: Lyle Gonzales

Address: 121 Dearce Dr St. Rose Louisiana

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

13. John McLellan
(Signature of Director or Officer listed in number 12 of the application)

14. John McLellan (Director)
(Typed or printed name and capacity of person signing application)

FILED
2008 FEB 15 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

United States of America

State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

LOUISIANA COUNSELING AND FAMILY SERVICES, INC.

A corporation domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on
January 27, 1989,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State as a Non-Profit Corporation.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
January 28, 2008

Secretary of State
34322765N



Certificate ID: 20080128003633

To validate this certificate, visit the following web site.
go to **Commercial Division. Validate Certificate**, then
follow the instructions displayed.

www.sos.louisiana.gov