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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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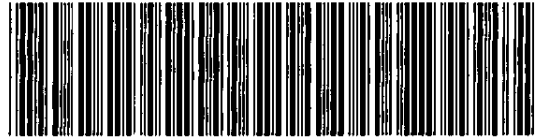
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 MAR 27 A 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2009
D. A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

FILED

SUBJECT: New York Care Alliance, Inc.

(Name of corporation - must include suffix)

2009 MAR 27 A 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Rhonda F. Gelfman, Esq.

(Name of Person)

Law Offices of Rhonda F. Gelfman, P.A.

(Firm/Company)

115 N.W. 167th Street, Third Floor

(Address)

North Miami Beach, FL 33169

(City/State and Zip code)

For further information concerning this matter, please call:

Rhonda F. Gelfman, Esq. at (305) 944-9120

(Name of Person)

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 17, 2009

RHONDA F. GELFMAN, ESQ.
115 NW 167TH STREET
THIRD FLOOR
NORTH MIAMI BEACH, FL 33169

SUBJECT: NEW YORK CARE ALLIANCE, INC.
Ref. Number: W09000012583

We have received your document for NEW YORK CARE ALLIANCE, 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 009A00009074

RECEIVED
DEPARTMENT OF STATE
09 MAR 27 PM 12:13

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. New York Care Alliance, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

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

3. N/A

(FEI number, if applicable)

4. 06/05/2007

(Date of incorporation)

5. Perpetual

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

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 212-47 Jamaica Avenue, Suite 200, Queens Village, NY 11428

(Principal office address)

P.O. Box 7313, Freeport, New York 11520

(Current mailing address)

8. Vocational Instructional Facility to assist LPN students in preparation for the State Board Exams.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Rhonda F. Gelfman, P.A.

Office Address:

115 N.W. 167th Street, Third Floor

North Miami Beach

(City)

, Florida 33169

(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.

FILED
MAR 27 A 11 37
SECRETARY OF STATE
FLORIDA

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

A. DIRECTORS

Chairman: Chantal Turnier

Address: 135 North Bergen Place
Freeport, New York 11520

Vice Chairman: Ali Yasin

Address: 511 Tenefly Road
Englewood, New Jersey 07631

Director: Chantal Turnier

Address: 135 North Bergen Place
Freeport, New York 11520

Director: Andre Castage

Address: 51110 Afly Road
Englewood, New Jersey 07361

B. OFFICERS

President: Chantal Turnier

Address: 135 North Bergen Place
Freeport, New York 11520

Vice President: Ali Yasin

Address: 511 Tenefly Road
Englewood, New Jersey 07361

Secretary: Rosemond Dodard

Address: 1202 Helias Street N.W., Palm Bay, Florida 32907

Treasurer: Joseph Duquesne Simeon

Address: 300 Congress Parkway, Lawrenceville, GA 30044

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

13. Chantal Turnier
(Signature of Director or Officer listed in number 12 of the application)

14. Chantal Turnier
(Typed or printed name and capacity of person signing application)

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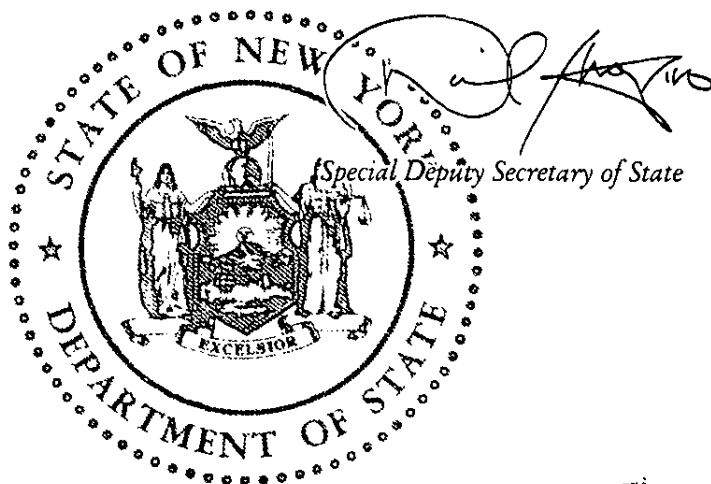
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NEW YORK CARE ALLIANCE, INC. was filed on 06/05/2007, with perpetual duration, 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 an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 17th day of March two
thousand and nine.*

200903180114 101



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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