

F09000002809

(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:

~~1209-30545~~

Office Use Only

7/10



700157246057

08/30/09--01045--002 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 13 PM 2:09

APPROVED
AND
FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEREDITARY ANGIOEDEMA ASSOCIATION, 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:

MICHELE E. AGOSTINHO

Name of Person

HEREDITARY ANGIOEDEMA ASSN, INC.

Firm/Company

C/O 33 ELIZABETH ST

Address

FAIRHAVEN, MA 02719

City/State and Zip Code

MAGOSTINHO@HAEA.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELE AGOSTINHO

Name of Person

at (508) 577-1819

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED
DEPARTMENT OF STATE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

09 JUL 13 PM 4:56

July 1, 2009

MICHELE E. AGOSTINHO
HEREDITARY ANGIOEDEMA ASSN, INC.
33 ELIZABETH ST.
FAIRHAVEN, MA 02719

SUBJECT: HEREDITARY ANGIOEDEMA ASSOCIATION, INC.
Ref. Number: W09000030545

We have received your document for HEREDITARY ANGIOEDEMA ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Must submit an original certificate from your home state (pennsylvania) not (Hawaii).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 009A00022645

Enclosed for you is a copy of the letterhead memorandum (LHM) dated and captioned as above. The LHM is a copy of the original LHM which was filed in the Department of State. The LHM is a copy of the original LHM which was filed in the Department of State. The LHM is a copy of the original LHM which was filed in the Department of State.

000000

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. HEREDITARY ANGIOEDEMA ASSOCIATION, 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. PA 3. 25-1852548
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/2000 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 01/01/2009
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 7 WATERFRONT PLAZA, 500 ALA MOANA BLVD SUITE 400, HONOLULU HI 96813
(Principal office address)
- HAEA - C/O 33 ELIZABETH ST., FAIRHAVEN, MA 02719
(Current mailing address)

8. Patient Services - assisting them to find treatment/services for Hereditary Angioedema
(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: SALLY URBANIAK

Office Address: 1159 EASTWOOD BRANCH DRIVE

JACKSONVILLE, Florida 32259
(City) (Zip Code)

09 JUL 13 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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.

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Anthony Castaldo

Address: 4601 Holborn Ave.

Annadale, VA 22003

Vice President: _____

Address: _____

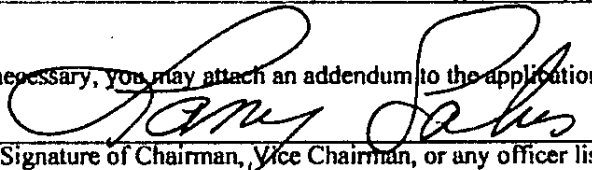
Secretary: _____

Address: _____

Treasurer: Larry Salus

Address: 911 Wilbur Ave #1, San Diego, CA 92109

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. LARRY SALUS TREASURER/FINANCIAL DIRECTOR
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JUNE 24, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HEREDITARY ANGIOEDEMA ASSOCIATION INC.

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Recha A. Cantis

Secretary of the Commonwealth