F09000003997

	(Requestor's Name)
	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
·- ·	(Business Entity Name)
	(Document Number)
⊬a Copies	Certificates of Status
al Instructions	s to Filing Officer:
	Office Use Only



700398468067

W23-5297 Withdraw

SECRETARIO DE STATE

A. RAMSEY

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7023 JAN 19 MM11: 42

X02250, 02680,00671



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 *COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/17/2023	
Name:	Janelle Davis	
Reference	e #: 1884634	
Entity Na	me: HEALTH FIRST	AMERICA'S CHARITIES
Ar	ticles of Incorporation/Authorization	on to Transact Business
☐ Ar	mendment	
☐ CI	nange of Agent	
☐ Re	einstatement	
☐ C	onversion	
	erger	
√ Di	ssolution/Withdrawal	
☐ Fi	ctitious Name	
□ 01	ther	
Authorize	ed Amount: \$35.00	
Signature	: Janslle Davis	

F: 800.944.6607



January 19, 2023

COGENCYGLOBAL

TALLAHASSEE, FL 32301

SUBJECT: HEALTH FIRST-AMERICA'S CHARITIES

Ref. Number: W23000005297

We have received your document for HEALTH FIRST-AMERICA'S CHARITIES and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

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) 245-6823.

Annette Ramsey OPS

Letter Number: 523A00001293



COVER LETTER

TO:	Amendment Section Division of Corporation	s
SUBJ	IECT:	HEALTH FIRST-AMERICA'S CHARITIES
0000		(Name of Corporation)
DOC	UMENT NUMBER:	F09000003997
The e	nclosed withdrawal app	ication and fee are submitted for filing.
Please	e return all correspondenc	e concerning this matter to the following:
		Brittney Claridades
		(Name of Person)
		HEALTH FIRST- AMERICA'S CHARITIES
		(Firm/Company)
		14200 Park Meadow Drive, Suite 330S,
		(Address)
		Chantilly, VA 20151
		(City/State and Zip code)
For fi	urther information concern	ning this matter, please call:
	Brittney Claridad	es 703 674-5363
	(Name of Person	
Enclo	sed is a check for the amo	ount:
⊠ \$3		iling Fee & \$\sum \\$43.75 \text{ Filing Fee & }\sum \\$\$52.50 \text{ Filing Fee,} te of Status
	Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Taliahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

HEALTH FIRST- AMERICA'S CHARITIES, Inc.

	ن د چې
F09000003997	
(Document Number of Corporation (if	known)
,	3
Washington, DC, 07/26/1988	known)
(Incorporated Under Laws of and date authorized to transact	ousiness/conduct its affairs)
This corporation is no longer transacting business or conducting aff voluntarily surrenders its authority to transact business or conduct af	¥
This corporation revokes the authority of its registered agent in Fappoints the Department of State as its agent for service of process between it was authorized to transact business or conduct affairs in Florical conducts.	ased on a cause of action arising during the
The following is a current mailing address for the corporation:	
14200 Park Meadow Drive, Suite	330S,
(Mailing Address)	
Chantilly, VA 20151	
-	
Chantilly, VA 20151 (Ĉity/ State /Zip)	
(Ĉity/ State /Zip)	e of any change in its mailing address.
(Ĉity/ State /Zip)	e of any change in its mailing address.
(Ĉity/ State /Zip)	
(City/ State /Zip) The corporation agrees to notify the Department of State in the future (Signature of a direct, president or other officer - if in the hands of a	1/17/2023

FILING FEE \$35