

**F11000004340**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

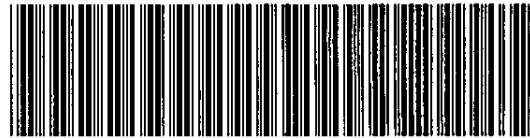
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Herbert Mozell* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *corporate name*  
DATE *10/28/11*  
DOC. # *11111* *MRS*

Office Use Only



700211227297

08/24/11--01007--009 \*\*78.75

*MRS*  
*10/28*

**FILED**  
11 OCT 28 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** VISIONS of Florida 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", or "Certificate of Good Standing" 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:

Dr. Herbert Mozell  
Name of Person

VISIONS of NC Inc.  
Firm/Company

P.O. Box 19496  
Address

Greensboro, NC 27419  
City/State and Zip Code

hmozell@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Herbert Mozell at ( 336 ) 549-1796  
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 & 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

August 25, 2011

DR. HERBERT MOZELL  
VISIONS OF NC INC.  
PO BOX 19496  
GREENSBORO, NC 27419

SUBJECT: VISIONS OF FLORIDA INCORPORATED  
Ref. Number: W11000044324

We have received your document for VISIONS OF FLORIDA INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, and Inc.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 111A00019932

**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. VISIONS OF NORTH CAROLINA, 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. North Carolina

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

3. 56-1963849

(FEI number, if applicable)

4. February 8, 1996

(Date of Incorporation)

5. N/A

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

6. August 1, 2011

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 7607-A Alcorn Rd. Greensboro, NC 27409

(Principal office address)

18350 NW 2nd Ave. Suite 324 Miami Gardens 33169

(Current mailing address)

8. Targeted Case Management

(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: Dr. Sheryl Gordon

Office Address: 18350 NW 2nd Ave. Suite 324

Miami Gardens

(City)

, Florida

33169

(Zip Code)

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TALLAHASSEE, FLORIDA

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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: Dr. Traci Mcmillian

Address: 1730 Quilmark Rd.

Winston-Salem, NC 27127

Vice Chairman: Magistrate Charles Lucas

Address: 5208 Ainsworth Dr.

Greensboro, NC 27416

Director: Lydia Leak

Address: 3607 McCuiston Rd.

Greensboro, NC 27407

Director: Dr. Samuel Powell

Address: 1325 Liberty Rd.

Burlington, NC 27217

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Dr. Herbert Mozell

Address: P.O. Box 19496

Greensboro, NC 27419

Vice President: Dr. Victor Davis

Address: 11010 S.W. 165 Terrace

Miami, FL 33143

Secretary: Ella Wilson

Address: 1703 Ralph St. Greensboro, NC 27401

Treasurer: Carla Hardy

Address: 4610 Lawndale Dr. Greensbor, NC 27455

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

13. *Traci McMillian*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dr. Traci McMillian  
(Typed or printed name and capacity of person signing application)



# NORTH CAROLINA

## Department of the Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### VISIONS OF NORTH CAROLINA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 8th day of February, 1996, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of August, 2011.

*Elaine F. Marshall*

Secretary of State

