

F13000002244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

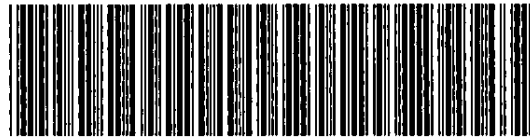
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-16152

Office Use Only



800245697848

05/23/13--01004--003 **822.50

03/18/13--01042--013 **87.50

FILED
13 MAY 23 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/H

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BCFS Health and Human Services

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 Status" 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:

George Cowden, III

Name of Person

BCFS Health and Human Services

Firm/Company

1506 Bexar Crossing

Address

San Antonio, TX 78232

City/State and Zip Code

georgecowden@sbcglobal.net

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

For further information concerning this matter, please call:

George Cowden, III

Name of Person

at (210) 476-8494

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

March 19, 2013

GEORGE COWDEN, III
1506 BEXAR CROSSING
SAN ANTONIO, TX 78232

SUBJECT: BCFS HEALTH AND HUMAN SERVICES
Ref. Number: W13000016152

We have received your document for BCFS HEALTH AND HUMAN SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$622.50.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring

Regulatory Specialist II
New Filing Section

Letter Number: 113A00006450

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TALLAHASSEE FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Kevin C. Dinnin, do hereby certify
(Name)

that this Resolution of the Board of Directors of BCFS Health and Human Services

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Texas,

was duly adopted on June 2, 1944.

Be it resolved, that BCFS Health and Human Services,
(Corporate Name)

organized and existing in the State of Texas, hereby adopts the name

BCFS Health and Human Services for use in Florida.

Dated: 4/30/2013


Signature of either Chairman, Vice Chairman or any officer

Kevin C. Dinnin
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**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. BCFS Health and Human Services Corporation
(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. Texas 3. 74-1260710
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/02/1944 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 2/1/2011
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1506 Bexar Crossing, San Antonio, TX 78232
(Principal office address)
1506 Bexar Crossing, San Antonio, TX 78232
(Current mailing address)
8. see attached
(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: Alex Peralta
Office Address: 5201 Blue Lagoon Dr., Ste. 982
Miami, Florida 33126
(City) (Zip Code)

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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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: Robert K. Feather

Address: 1506 Bexar Crossing
San Antonio, TX 78232

Vice Chairman: Bob Ownby

Address: 1506 Bexar Crossing
San Antonio, TX 78232

Director: See attached

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kevin C. Dinnin

Address: 1506 Bexar Crossing
San Antonio, TX 78232

Vice President: _____

Address: _____

Secretary: George Cowden, III

Address: 115 E. Travis Street, San Antonio, TX 78205

Treasurer: Claudia Oliveira

Address: 1506 Bexar Crossing, San Antonio, TX 78232

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

13. George Cowden III
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. George Cowden, III, Secretary
(Typed or printed name and capacity of person signing application)

The BCFS Post Release Program provides ongoing home assessment and case management services to children who have been served by the Office of Refugee Resettlement (ORR) custody and reunified with a family member and/or sponsor in the United States. Services are focused on maintaining a safe and healthy reunification placement while assisting the family and sponsor to meet the needs of the child in their care.

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13 MAY 23 AM 8:35
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TALLAHASSEE FLORIDA



Health and Human Services • Est. 1944

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

BCFS Health and Human Services
BOARD OF DIRECTORS

KEVIN C. DINNIN, Chairman and President
1506 Bexar Crossing, San Antonio, Texas 78232

GEORGE COWDEN, III, Vice Chairman and Secretary
1506 Bexar Crossing, San Antonio, Texas 78232

CLAUDIA OLIVEIRA, CPA Treasurer
1506 Bexar Crossing, San Antonio, Texas 78232

Martha Morse
1506 Bexar Crossing, San Antonio, Texas 78232

Scott Sharman
1506 Bexar Crossing, San Antonio, Texas 78232

Bobby Feather
1506 Bexar Crossing, San Antonio, Texas 78232

David O. Sprouse
1506 Bexar Crossing, San Antonio, Texas 78232

Jeff Johnson
1506 Bexar Crossing, San Antonio, Texas 78232

Rodger Teaff
1506 Bexar Crossing, San Antonio, Texas 78232

Henry Bonilla
1506 Bexar Crossing, San Antonio, Texas 78232

Andrew Bently
1506 Bexar Crossing, San Antonio, Texas 78232

Garrett Vickery
1506 Bexar Crossing, San Antonio, Texas 78232

Mark Smith
1506 Bexar Crossing, San Antonio, Texas 78232

George Gaston
1506 Bexar Crossing, San Antonio, Texas 78232

S U S A N
C O M B S

TEXAS COMPTROLLER *of* PUBLIC ACCOUNTS

P.O. Box 13528 • AUSTIN, TX 78711-3528



THE STATE OF TEXAS

§

COUNTY OF TRAVIS

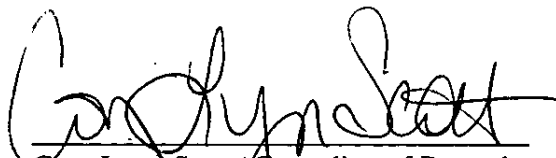
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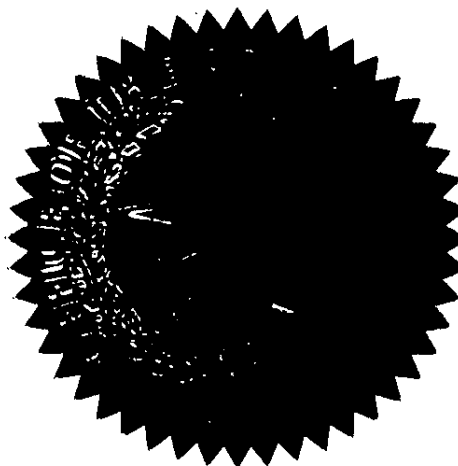
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TALLAHASSEE FLORIDA

I, Cory Lynn Scott, of the Open Records Section of the Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY AND ATTEST, that I am a custodian of franchise tax records and files, and that according to the records of this office, BCFS Health and human Services, taxpayer number 1-74-1260710-7 is exempt from payment of franchise tax and consequently is in good standing with this office.

I FURTHER CERTIFY these records consist of official records or reports or entries therein, or documents authorized by law to be recorded or filed, and actually recorded or filed, in a public office, including data compilations, in any form, certified as correct by the custodian or other person authorized to make the certification.

IN TESTIMONY WHEREBY, I have
hereunto signed my name officially and
caused to be impressed on this
22nd day of February 2013 A.D.


Cory Lynn Scott, Custodian of Records
Open Records
Comptroller of Public Accounts



CLS