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(Requestor's Name)

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(City/State/Zip/Phone #)

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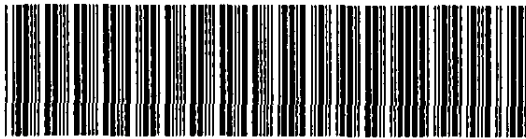
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1667 167811

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Family Institute for 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:

Tyrone Miller

Name of Person

The Family Institute for Health and Human Services

Firm/Company

2000 NW 187th Avenue

Address

Miami Gardens, Florida 33056

City/State and Zip Code

tmiller@uniquecaringnetwork.com

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

For further information concerning this matter, please call:

Tyrone Miller

Name of Person

at (704) 297-9456

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 6, 2013

TYRONE MILLER
THE FAMILY INSTITUTE FOR HEALTH AND HUMAN SERVICES
2000 NW 187TH AVENUE
MIAMI GARDENS, FL 33056

SUBJECT: FAMILY INSTITUTE FOR HEALTH AND HUMAN SERVICES
Ref. Number: W13000043811

RECEIVED
13 AUG 27 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FAMILY INSTITUTE FOR HEALTH AND HUMAN SERVICES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Complete the address for the corporation principal office address in number seven. Correct the spelling of the city name in the mailing address for the corporation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 013A00018810

**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:

The Family Institute for Health and Human Services, 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 3. 75-3181673
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/17/2004 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5500 Executive Center Drive Suite 118, Charlotte, NC 28212
(Principal office address)

2000 NW 187th Terrace, Miami Gardens, Florida 33056
(Current mailing address)

8. Educational Services
(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: Tyrone Miller

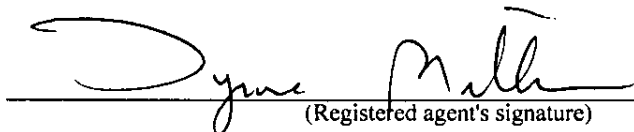
Office Address: 2000 NW 187th Terrace

Miami Gardens, Florida 33056, Florida 33056
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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

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Chairman: Tyrone Miller

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Address: 2000 NW 187th Terrace
Miami Gardens, Florida 33056

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: Derrick Dickens

Address: 16731 SW 49th Court

Miramar, Florida 33027

Director: Sandra Penn PhD.

Address: 16731 SW 49th Court

Miramar, FL 33027

Director: Sandra Penn PhD.

Address: 1900 Selwyn Avenue

Charlotte, NC 22874

B. OFFICERS

President: Mark Baker

Address: 14701 Vista Verdi Road Davie, FL 33325

Davie Florida, 33325

Vice President: Derrick Dickens

Address: 16731 SW 49th Court

Miramar, Florida 33027

Secretary: Celeste Miller

Address: 6619 Farrington Lane

Treasurer: Andre Davis

Address: 1101 West 1st Street #317 Charlotte, NC 28202

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

13. Tyrone Miller
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tyrone Miller, Chairman
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

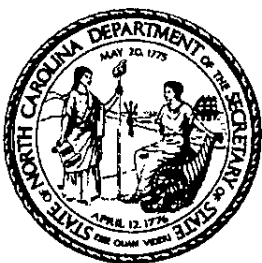
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

THE FAMILY INSTITUTE FOR HEALTH AND HUMAN SERVICES

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of December, 2004, 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of August, 2013.

Elaine F. Marshall

Secretary of State