

F14000003509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

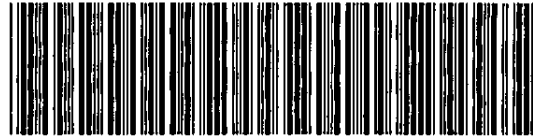
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MD 8/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Abusive Behavioral Syndrome Community Research Project, 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 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:

Velma Anne Ruth

Name of Person

ABS Community Research

Firm/Company

11370 Twelve Oaks Way

Suite 112

Address

North Palm Beach, FL 33408

City/State and Zip Code

velma@abscommunityresearch.org

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

For further information concerning this matter, please call:

Velma Anne Ruth at (**617**) **935-2892**

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:

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|---|---|

**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 Abusive Behavioral Syndrome Community Research Project, 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. **Massachusetts**

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

3. **Tax ID: 04-3564158**

(FEI number, if applicable)

4. **October 11, 2001**

(Date of Incorporation)

5. **Perpetual**

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

6. **Affairs not conducted, and in accordance with section 617.1501.2**

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

7. **11370 Twelve Oaks Way, Ste 112, North Palm Beach, FL 33408**

(Principal office address)

11370 Twelve Oaks Way, Ste 112, North Palm Beach, FL 33408

(Current mailing address)

8. **Research and development in health, education, labor, justice**

(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: **Velma Anne Ruth**

Office Address: **11370 Twelve Oaks Way, Ste 112**

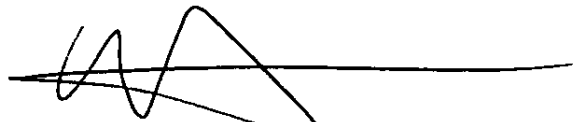
North Palm Beach, Florida **33408**

(City)

(Zip Code)

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: No Chair or Directors

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Velma Anne Ruth

Address: 11370 Twelve Oaks Way, Ste. 112
North Palm Beach, FL 33408

Vice President: NA

Address: _____

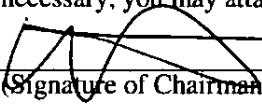
Secretary: Velma Anne Ruth

Address: 11370 Twelve Oaks Way, Ste. 112, North Palm Beach, FL 33408

Treasurer: Joseph Tezi

Address: 14013 Westview Forest Drive, Bowie, MD 20720

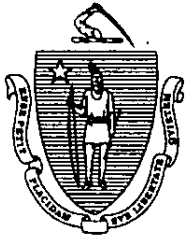
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Velma Anne Ruth, President

(Typed or printed name and capacity of person signing application)

11-ED
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STATE
ATTORNEY GENERAL



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: May 23, 2014

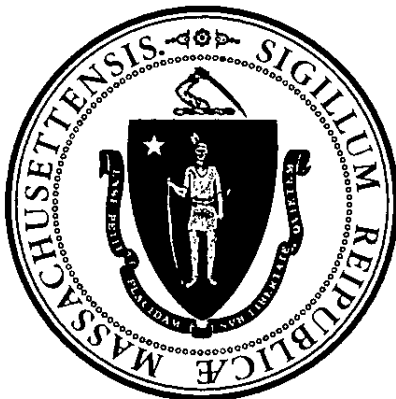
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MASSACHUSETTS
SECRETARY OF STATE

To Whom It May Concern :

I hereby certify that according to the records of this office,
**THE ABUSIVE BEHAVIORAL SYNDROME COMMUNITY RESEARCH
PROJECT, INC,**

is a domestic corporation organized on **October 11, 2001**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 14057709870

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: tgr