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TALLAHASSEE, FLORIDA

11/17/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Casa de Consejería y Salud Integral, Inc. (House of Counseling and Integral Health, 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:

Birma Montes

Name of Person

Casa de Consejería y Salud Integral, Inc.

Firm/Company

2150 Ham Brown Road

Address

Kissimmee, FL. 34746

City/State and Zip Code

birma@casadeconsejeria.org

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

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For further information concerning this matter, please call:

Birma Montes

Name of Person

at (**267**) **978-6528**

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

1. Casa de Consejeria y Salud Integral, Inc. (House of Counseling and Integral Health 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. Pennsylvania 3. 23-2738971
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/13/1993 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. 2150 Ham Brown Road Kissimmee, FL. 34746
(Principal office address)
- 2150 Ham Brown Road Kissimmee, FL.34746
(Current mailing address)

8. Social Services and Counseling
(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: Birma Montes

Office Address: 2150 Ham Brown Road

Kissimmee, Florida 34746
(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.

Birma Montes

(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: /President Kelia Plaud

Address: 6511 4th. Street
Philadelphia, PA 19126

Vice Chairman: _____

Address: _____

Director: Juan F. Medrano

Address: 5715 Mascher Street Philadelphia, PA 19140

Director: Rev. Sandra Reed

Address: 3900 Ford Road Apt. 6C Philadelphia, PA 19131

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: / Treasurer Edith Frann Nutter, M.Ed, M.Div

Address: 515 W. Godfrey Avenue Philadelphia, PA 19126

Treasurer: _____

Address: _____

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

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

14. Kelia Plaud
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



Casa de Consejería y Salud Integral, Inc. "House of Counseling and Integral Health, Inc."

213 W. Allegheny Ave., Philadelphia, PA 19133
Telephone: (215) 634-3259 ♦ Fax: (215) 634-1234
Email: ccsi@casadeconsejeria.org

Board of Directors

Rev. Kelia Plaud-Medina, President
6511 N. 4th Street
Philadelphia, PA 19126
215-457-4325 (W)
215-850-2390 (C)
215-549-1074 (H)
Hispanic-Female
kplaud@chs-adphila.org
Kelias56@yahoo.com

Juan F. Medrano, Director
5715 Mascher Street
Philadelphia, PA 19140
Hispanic-Male
215-758-7841 (C)
215-790-3723 (W)
Medrano06@Live.com
actualidadradio@gmail.com

~~Lillybeth Lugo, MA, Director
5224 Burton Street
Philadelphia, PA 19124
Hispanic-Female
267-259-7209 (C)
610-688-6900 (W)
Lilly_408@hotmail.com~~

*not a
director
anymore*

Rev. Sandra Reed
3900 Ford Road Apt. 6C
Philadelphia, PA 19131
215-879-0127 (H)
215-280-1555 (C)
African-American
Revsanreed@yahoo.com

Revised 2014

Francis Mahoney, Director
124 Heatherwood Road
Havertown, PA 19083
Male-Caucasian
610-446-2197 (H)
267-206-2901 (C)
215-465-4225 (W)
famahoneygmail.com

E. Frann Nutter, M.Ed., M. Div.
Secretary/Treasurer
515 West Godfrey Avenue
Philadelphia, PA 19126
African-American-Female
610-341-1716 (W)
1-800-452-0996 (W)
610-341-1723 (Fax)
215-224-5555 (H)
enutter@eastern.edu

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

NOVEMBER 6, 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**CASA DE CONSEJERIA Y SALUD INTEGRAL, INC. (HOUSE OF
COUNSELING AND INTEGRAL HEALTH, INC.)**

Is duly incorporated as a Pennsylvania Corporation under the laws of the
Commonwealth of Pennsylvania and remains a subsisting corporation so far as
the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not
imply that all fees, taxes, and penalties owed to the Commonwealth of
Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

Carol Aichele

Secretary of the Commonwealth