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14 NOV 25 PM 3:24
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

11/11/15-48

UMP 11/26



Justin Moriconi
Direct (215) 399-2020
jmoriconi@smsm.com

October 23, 2014

Via U.S. Certified Mail

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: **LIFEiLEAD**

Dear Sir/Madam:

Enclosed herewith please find an Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida, as well as a check in the amount of \$78.75 for filing fee and certified copy.

If you have any questions, please do not hesitate to contact me. Thank you.

Very truly yours,

Justin Moriconi

JM/pf
Enclosure

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LIFEiLEAD

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 N Kalaras

Name of Person

LIFEiLEAD

Firm/Company

600 Valley Rd D30

Address

Warrington, PA 18976

City/State and Zip Code

gkalaras@lifeilead.org

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

For further information concerning this matter, please call:

George N Kalaras

Name of Person

at (267) 687.0627

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

October 29, 2014

SEGAL MCCAMBRIDGE SINGER & MAHONEY
ATTN: JUSTIN MORICONI
1818 MARKET STREET, SUITE 2600
PHILADELPHIA, PA 19103

SUBJECT: LIFEILEAD, INC.
Ref. Number: W14000065748

We have received your document for LIFEILEAD, INC. 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 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.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

List one (1) name only as the Registered Agent. We CAN NOT accept both a company name and an individual.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Please return 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.

Maryanne Dickey

Regulatory Specialist II

Letter Number: 114A00023176

November 20, 2014

Via U.S. Certified Mail

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: LIFEiLEAD

Dear Sir/Madam:

Enclosed herewith please find a *corrected* Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida with Certificate of Good Stranding from Pennsylvania. The fee of \$78.75 for filing fee and a certified copy was previously sent on October 23, 2014.

If you have any questions, please do not hesitate to contact me. Thank you.

Very truly yours,

Justin Moriconi

JM/pf
Enclosure

**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. LIFEiLEAD, 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. 32-0405278
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/31/2013 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 01/02/2014
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 600 Valley Rd., D30 Warrington, PA 18976
(Principal office address)
- (same)
(Current mailing address)

8. Substance Abuse Support Group
(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: George N. Kalaras

Office Address: 330 Magnolia Ave.

Merrit Island, Florida _____
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Toni Washington

Address: 12135 Academy Rd. Unit 22
Philadelphia, PA 19154

Director: John Karatonis

Address: 5878 N. Lincoln Ave.
Chicago, IL 60659

B. OFFICERS

President: George N. Kalaras

Address: 600 Valley Rd. Unit D30
Warrington, PA 18976

Vice President: _____

Address: _____


Secretary: Angela M Kalaras

Address: 600 Valley Rd., Unit D30, Warrington, PA 18976

Treasurer: Will Hall

Address: 1809 Fairmount Ave., Unit 2, Philadelphia, PA 19130

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

14 NOV 25 PM 3:24
ALABAMA STATE
NOTARY PUBLIC
FLORENCE, AL

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

NOVEMBER 14, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

LIFEiLEAD

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.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth

14 NOV 25 PM 3:24
DEPT OF STATE
ALLAHABAD, FLORIDA