

FH000005057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

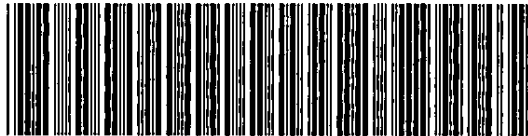
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/14--01034--014 **78.75

14 DEC -1 AM 8:39
2014/12/11 14:39:34

WA-69776

MARK J. GUAY, P.C.
COUNSELLOR AT LAW
1 MERRIMAC STREET, SUITE 12
NEWBURYPORT, MASSACHUSETTS 01950

NEWBURYPORT: (978) 465-5333
WEB: www.markjguaypc.com

FAX: (978) 499-0074
E-MAIL: markguay@verizon.net

November 12, 2014

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

Re: Application by Foreign Not for Profit Corporation for Authorization to
Conduct its Affairs in Florida for Neriah Community Health Foundation

Dear Sir/Madam:

Reference is made to the above captioned-matter. In that connection,
enclosed please find the following documentation:

1. Application by Foreign Not for Profit Corporation for Authorization to
Conduct its Affairs in Florida.
2. Certificate of Legal Existence - Commonwealth of Massachusetts

Also enclosed are filing fees in the amount of \$78.75 (\$70 filing fee and
\$8.75 for Certificate of Status) made payable to State of Florida.

Lastly, enclosed please find a photocopy of same. Please stamp same
evidencing its filing and return to the undersigned in the enclosed self-addressed
envelope.

If you have any questions, please feel free to call our office.

Mark J. Guay, P.C.

By: 

Encl.
[18. State of Florida Ltr.]

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NERIAH COMMUNITY HEALTH FOUNDATION
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:

MARK J. GUAY, ESQ.

Name of Person

MARK J. GUAY, P.C.

Firm/Company

1 MERRIMAC LANDING, SUITE 12

Address

NEWBURYPORT, MA 01950

City/State and Zip Code

markguay@verizon.net

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

For further information concerning this matter, please call:

Mark J. Guay

Name of Person

at (978) 465-5333

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

RECEIVED

14 DEC -1 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 19, 2014

MARK J. GUAY
1 MERRIMAC ST STE 12
NEWBURYPORT, MA 01950

SUBJECT: NERIAH COMMUNITY HEALTH FOUNDATION
Ref. Number: W14000069776

We have received your document for NERIAH COMMUNITY HEALTH FOUNDATION 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 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.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 914A00024601

**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. NERIAH COMMUNITY HEALTH FOUNDATION, 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.)

✓ NERIAH COMMUNITY HEALTH FOUNDATION, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MASSACHUSETTS

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

3. 27-3442733

(FEI number, if applicable)

4. OCTOBER 21, 2010

(Date of Incorporation)

5. PERPETUAL

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

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

7. 1020 HOWELL AVENUE, APT. 1, BROOKSVILLE, FL 34601

(Principal office address)

PO BOX 5877, PLANT CITY FLORIDA 33563

(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: KETLINE ETIENNE VILMA

Office Address: 1020 HOWELL AVENUE, APT. 1

BROOKSVILLE

(City)

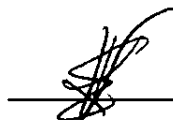
, Florida 34601

(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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **KETLINE ETIENNE VILMA**

Address: **1020 HOWELL AVENUE, APT. 1, BROOKSVILLE, FL 34601**

Director: **DONY VILMA**

Address: **1020 HOWELL AVENUE, APT. 1, BROOKSVILLE, FL 34601**

B. OFFICERS

President: **KETLINE ETIENNE VILMA**

Address: **1020 HOWELL AVENUE, APT. 1, BROOKSVILLE, FL 34601**

Vice President: _____

Address: _____

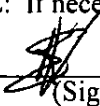
Secretary: **KETLINE ETIENNE VILMA**

Address: **1020 HOWELL AVENUE, APT. 1, BROOKSVILLE, FL 34601**

Treasurer: **DONY VILMA**

Address: **1020 HOWELL AVENUE, APT. 1, BROOKSVILLE, FL 34601**

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. **KETLINE ETIENNE VILMA, PRESIDENT** _____
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

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

Date: November 07, 2014

To Whom It May Concern :

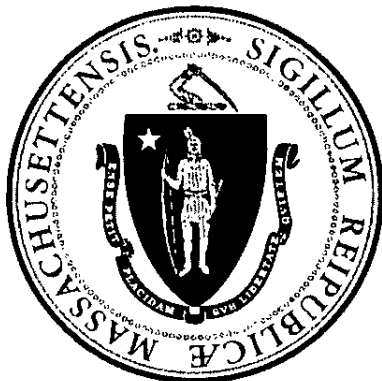
I hereby certify that

NERIAH COMMUNITY HEALTH FOUNDATION

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on **October 21, 2010** (Chapter 180).

I also certify that so far as appears of record here, said corporation still has legal existence.



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: 14110256370

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

Processed by: hma

14 DEC -1 AM 8:43