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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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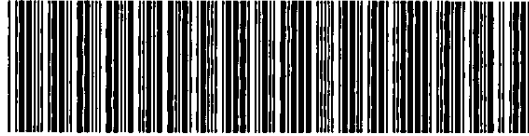
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Special Instructions to Filing Officer:

WHS-12072

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Childhood Apraxia of Speech Association of North America
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:

Jeffrey Fromknecht, Esquire

Name of Person

Side Project Inc.

Firm/Company

228 SW 8th Ave.

Boynton Beach, FL 33435

Address

City/State and Zip Code

jeff@sideprojectinc.org

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

For further information concerning this matter, please call:

Jeffrey Fromknecht

Name of Person

at (561) 755-7433

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

February 18, 2015

JEFFREY FROMKNECHT, ESQUIRE
SIDE PROJECT INC.
228 SW 8TH AVE.
BOYNTON BEACH, FL 33435

SUBJECT: CHILDHOOD APRAXIA OF SPEECH ASSOCIATION OF NORTH AMERICA
Ref. Number: W15000012072

We have received your document for CHILDHOOD APRAXIA OF SPEECH ASSOCIATION OF NORTH AMERICA 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.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 615A00003473

**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. Childhood Apraxia of Speech Association of North America, 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.)

Childhood Apraxia of Speech Association of North America, Inc.

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

2. Pennsylvania

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

3. _____

(FEI number, if applicable)

4. February 11, 2000

(Date of Incorporation)

5. perpetual

(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. 416 Lincoln Ave, 2nd Floor, Pittsburgh, PA 15209

(Principal office address)

416 Lincoln Ave, 2nd Floor, Pittsburgh, PA 15209

(Current mailing address)

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TALLAHASSEE, FLORIDA

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8. Our mission is to strengthen the support systems in the lives of children with apraxia so that each child is afforded their best opportunity to develop speech and communication.

(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: Jeff Fromknecht c/o Side Project Inc.

Office Address: 980 North Federal Highway, Suite 110

Boca Raton

(City)

, Florida 33432

(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.

Jeffrey Fromknecht

(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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: See Attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Sharon Gretz, Executive Director
(Typed or printed name and capacity of person signing application)

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CHILDHOOD APRAXIA OF SPEECH ASSOCIATION OF NORTH AMERICA
2015

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TALLAHASSEE, FLORIDA

List of Officers, Directors, and Trustees

<u>Name</u>	<u>Title</u>	<u>Street</u>	<u>City, State</u>	<u>Zip</u>
Sharon Gretz, M. Ed	Executive Director	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209
Kathy Hennessy	Educational Director	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209
Gary Novak, MBA	Treasurer	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209
Mary Sturm, MD	Board President	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209
Susan Freiburger	Board Secretary	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209
Jeff Rainess	Board Member	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209
John Wilson	Board Member	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209
Tim Burns	Board Member	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209
Jeanne Lippert	Board Member	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209
Lincoln Purdy	Board Member	416 Lincoln Ave, 2nd Floor	Pittsburgh, PA	15209

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COMMONWEALTH OF PENNSYLVANIA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE

February 23, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, CHILDHOOD APRAXIA OF SPEECH ASSOCIATION OF NORTH AMERICA , Incorporated February 11, 2000, a Pennsylvania Non-Profit corporation, is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY, That this 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.

Pedro A. Contes

Acting Secretary of the Commonwealth