

#F/5000003503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

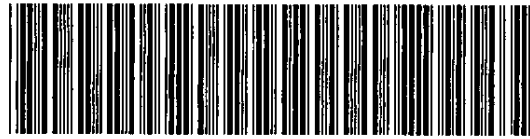
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 10 2015



H.O.G.A.R., Inc.

Housing Options & Geriatric Association Resources, Inc.

787 East 156th Street ♦ Bronx, New York 10455 ♦ Phone: (718) 742-7646, (718) 742-7669 ♦ Fax: (718) 742-7649 ♦ www.hogar-inc.org

Noris Colon
President/CEO

Hector Diaz
Honorary Chairperson

Carmen Silva
Chairperson

BOARD OF DIRECTORS

Rev. Alvin Bridgewater
Rosita DeLeon
Federico Perez
Carmen Matos
Maria Rivera Cepeda
Guillermo A. Alzate

LEGAL COUNSEL
Ricardo E. Oquendo, Esq.

August 4, 2015

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

Dear Sir or Madam:

Enclosed you will find all completed and signed correspondence for the Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida:

- ✓ Cover Letter
- ✓ Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida
- ✓ Certificate of Incorporation for Housing Options and Geriatric Association Resources Inc.

Also included is a check which covers the \$70.00 Registration Fee and the \$8.75 Certification Fee.

Should you require any other information please feel free to contact me at 718-742-7646 or nmcolon@hogar-inc.org.

Sincerely,

Noris Colon
President/CEO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Housing Options and Geriatric Association Resources, 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:

Noris Colon

Name of Person

H.O.G.A.R., Inc. (Housing Options and Geriatric Association Resources, Inc.)

Firm/Company

H.O.G.A.R.,Inc.

787 East 156th Street

Address

Bronx, NY 10455

City/State and Zip Code

nmcolon@hogar-inc.org

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

For further information concerning this matter, please call:

Noris Colon

at (718) 742-7669

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration 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

**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. Housing Options and Geriatric Association Resources, 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.)

H.O.G.A.R., Inc.

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

2. New York 3. 13-3887707

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/29/1996

(Date of Incorporation)

5. _____

(Date of duration, if other than 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. 787 East 156th Street. Bronx, NY 10455

(Principal office address)

SAME

(Current mailing address, if different)

8. _____
(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: Tania Colon

Office Address: 1320 N Semoran Boulevard #210

Orlando

(City)

Florida

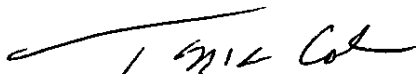
Florida

32807

(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.

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TALLAHASSEE, FLORIDA

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Carmen Silva

Address: 1671 Bryant Avenue #3B Bronx, NY 10460

Vice Chairman: Rev. Alvin Bridgewater

Address: Vassar Road Church of the Nazarene 548 Vassar Road Poughkeepsie, NY 12603

Director: Gladys Cintron

Address: 1465 Fulton Avenue #2C Bronx, NY 10456

Director: Mr. Guillermo Alzate

Address: 506 East 147th Street, 2Fl. Bronx, NY 10455

B. OFFICERS

President: Noris Colon

Address: 23 Brighton Drive-Unit 1802

Newburgh, NY 12550

Vice President: Federico Perez

Address: 270 Alexander Avenue #3A Bronx, NY 10454

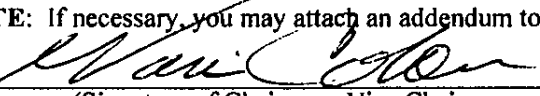
Secretary: Rosita DeLeon

Address: 560 Fox Street Bronx, NY 10455

Treasurer: Rosita DeLeon

Address: 560 Fox Street Bronx, NY 10455

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. Noris Colon, President-CEO

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HOUSING OPTIONS AND GERIATRIC ASSOCIATION RESOURCES, INC. was filed on 03/29/1996, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 26th day of June two
thousand and fifteen.

Anthony Scardino

Executive Deputy Secretary of State