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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 01 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center for Human Capital Innovation, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Allen Zeman

	Name of Person
Center for Human Capital Innovation	
	Firm/Company
44 Canal Center Plaza, Suite G1	
	Address
Alexandria, VA 22314	
	City/State and Zip code
allenzeman@centerforhcai.org	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Andrea Zeman	202	236-2412
Name of Person	at (Area Code)	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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

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TALLAHASSEE, FLORIDA

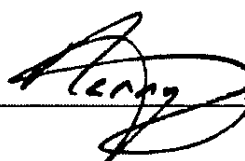
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Center for Human Capital Innovation, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Virginia 3. 26-3562642
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-10-2009 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3200 NE 19 St
(Principal office address)
Fort Lauderdale, FL 33305
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Garry W Johnson, P.A.
Office Address: 330 Southwest 2nd Street, Suite #215
Fort Lauderdale, Florida 33312
(City) (Zip code)

9. 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.

X 
(Registered agent's signature)

10. 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

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Allen Zeman
Address: 3200 NE 19 St
Fort Lauderdale, FL 33305

Vice Chairman: Andrea Zeman
Address: 3200 NE 19 St
Fort Lauderdale, FL 33305

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

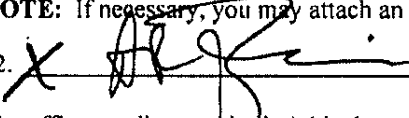
President: Allen Zeman
Address: 3200 NE 19 St
Fort Lauderdale, FL 33305

Vice President: _____
Address: _____

Secretary: Andrea Zeman
Address: 3200 NE 19 St, Fort Lauderdale, FL 33305

Treasurer: _____
Address: _____

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

12. X  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Allen Zeman _____

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That CENTER FOR HUMAN CAPITAL INNOVATION, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is October 7, 2008;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
November 19, 2015*

Joel H. Peck

Joel H. Peck, Clerk of the Commission