# F16000004084

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Reject 10659					
Reject 10659 purpose 10659 purpose 10659 W16000058529					
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2016

TAYLOR DORIUS 1808 ASTON AVE, STE 230 CARLSBAD, CA 92008

SUBJECT: NATIONAL ASSOCIATIONOF CHILD CARE RESOURCE AND

REFERRAL AGENCIES

Ref. Number: W16000058529

We have received your document for NATIONAL ASSOCIATIONOF CHILD CARE RESOURCE AND REFERRAL AGENCIES 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.

A brief description of the entity's nature of business must be included in the document.

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) 245-6051.

Octavia I Simmons Regulatory Specialist II Registration Section

Letter Number: 316A00017909

## **COVER LETTER**

то:	gistration Section vision of Corporations					
SUBJ	National Association of Child Care Resource and Referral Agencies					
SUBJ	Name of Corporation – must include suffix					
Dear S	ir or Madam:					
Affairs	relosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Taylor Dorius					
	Name of Person					
	Labyrinth, Inc.					
	Firm/Company					
1808 Aston Avenue, Suite 230						
	Address					
	Carlsbad, CA 92008					
	City/State and Zip Code					
	taylor@labyrinthine.com					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
Taylo	760 931-2620					
	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					
Enclos	sed is a check for the following amount:					
<b>#</b> \$7	0.00 Filing Fee					

## 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:

Child Care Aware, <b>Inc.</b> (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting b	Einacc in	Florida	_
(it have the variable in Florida, care fateriale corporate raine adopted for the purpose of transacting of	usiness in	rionga	,
California 3, 13-3393329  (State or country under the law of which it is incorporated)  (FEI number, if applicable)			_
	-		
2/17/1987 5. (Date of Incorporation) (Date of duration, if other tha	(Date of duration, if other than perpetual)		
	. •		
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to det	ermine pen	alty lia	bility)
1515 North Courthouse Road, 3rd Floor, Arlington, VA 22201	ř.	16	
(Principal office address)		: 77	<del>-</del> ,
	SS		1
(Current mailing address, if different)	SEE, FLORIDA		<del></del>
	E.S		ξ,
Charitable Solicitation in support of purpose (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	<u> </u>		_
(i dipose(s) of corporation authorized in nome state of country to be carried out in the state of Florida)	> >		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			
Name: Rozina Mehertu	_		
ffice Address: 220 Riverside Avenue, #447	_		
Jacksonville , Florida 32202 (City) (Zip Code)	_		
(City) (Zip Code)			

Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent,

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: Lynette M. Fraga, Executive Director	
Address: 1515 North Courthouse Road, 3rd Floor, Arlington, VA 22201	
Vice Chairman:	
Address:	
Director: Beatrice Dermer, Senior Director of Development	
Address: 1515 North Courthouse Road, 3rd Floor, Arlington, VA 22201	
Director: Richard Swatt, Chief Financial Officer	
Address: 1515 North Courthouse Road, 3rd Floor, Arlington, VA 22201	
B. OFFICERS	16
President: L. Carol Scott, President	3 2
Address: 1515 North Courthouse Road, 3rd Floor, Arlington, VA 22201	<u> </u>
Vice President: Steve Rohde, President-Elect	1000
Address: 1515 North Courthouse Road, 3rd Floor, Arlington, VA 22201	Cm 2
Sccretary: Lisa Stone-Muntz, Secretary	
Address: 1515 North Courthouse Road, 3rd Floor, Arlington, VA 22201	
Treasurer: Tim R. Hawkins, Treasurer	
Address: 1515 North Courthouse Road, 3rd Floor, Arlington, VA 22201	
NOTE: If necessary, you may attach an addendum to the application listing additional list	
14. Beatrice Trapasso Dermer, Senior Directo (Typed or printed name and capacity of person signing appli	

### National Association of Child Care Resource and Referral Agencies

1515 North Courthouse Road, 3rd Floor Arlington, VA 22201 703-341-4100 FAX 703-341-4101

#### **ORGANIZATION**

National Association of Child Care Resource and Referral Agencies was incorporated under the California Nonprofit Public Benefit Corporation Law on February 17, 1987. The organization was authorized by the Commonwealth of Virginia to solicit under the fictitious name of Child Care Aware of America on March 16, 2015.

National Association of Child Care Resource and Referral Agencies was granted an exemption from income tax under §501(c)(3) of the Internal Revenue Code in a letter dated July 22,1988.

#### PURPOSE OF THE ORGANIZATION

National Association of Child Care Resource and Referral Agencies was organized to promote the development, maintenance and expansion of quality child care resource and referral services through public education, technical assistance, and information sharing.

#### GENERAL PURPOSE FOR WHICH CONTRIBUTIONS WILL BE USED

Contributions are used to support programs that help families find and afford quality child care services.

## State of California

## Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

FILE NUMBER:

C1579654

FORMATION DATE:

02/17/1987

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 21, 2016.

> ALEX PADILLA Secretary of State