

DEC 05 2016

(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:**

Office Use Only

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Postpartum Support, International Incorporated  
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:

Wendy Davis

Name of Person

Postpartum Support International

Firm/Company

6706 SW 54th Avenue

Address

Portland, Oregon 97219

City/State and Zip Code

PSIOffice@postpartum.net

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

For further information concerning this matter, please call:

Sarah Vogel

at (707)

502-7846

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. Postpartum Support, International Incorporated

(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.)

Postpartum Support, International Florida

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

2. California 3. 77-0196208  
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. 1/18/1989 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 6706 SW 54th Avenue Portland, Oregon 97219  
(Principal office address)

6706 SW 54th Avenue Portland, Oregon 97219  
(Current mailing address, if different)

8. To promote awareness, prevention and treatment of mental health issues related to childbearing.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

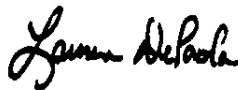
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Lauren DePaola

Office Address: 17698 NW 181 Street  
Alachua, Florida 32615  
(City) (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.

FILED  
16 OCT -2 AM 9:19  
STATE  
TALLAHASSEE FLORIDA

### A. DIRECTORS

Director: Suma Karandikar

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Address: 6706 SW 54th Avenue Portland, Oregon 97219

Vice President: Chris Raines  
Address: 6706 SW 54th Avenue

Treasurer: Lynn McFarland  
Address: 6706 SW 54th Avenue Portland, Oregon 97219

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

14. Ann Smith, President  
(Typed or printed name and capacity of person signing application)

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

POSTPARTUM SUPPORT, INTERNATIONAL

FILE NUMBER: C1631821  
FORMATION DATE: 01/18/1989  
TYPE: DOMESTIC NONPROFIT CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

FILED  
16 DEC -2 AM 9:19  
SECRETARY OF STATE  
FIDELITY & SECURITY  
DIVISION

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 September 06, 2016.

ALEX PADILLA  
Secretary of State