

**F16000005468**

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D. SCOTT  
DEC 12 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2016

DEBORAH RICHARDSON-LORMEUS  
PO BOX 110393  
NAPLES, FL 34108

SUBJECT: PARENTS & PROVIDER NETWORK ASSOCIATION, INC.  
Ref. Number: W16000073144

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TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for PARENTS & PROVIDER NETWORK ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return 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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 316A00024915

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Parents & Providers Network Association, 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:

Deborah Richardson-Lormeus

\_\_\_\_\_  
Name of Person

Parents & Providers Network Association, Inc.

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
P.O. Box 110393

\_\_\_\_\_  
Address

\_\_\_\_\_  
Naples, FL 34108

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
PPNA.family@gmail.com

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

For further information concerning this matter, please call:

Deborah Richardson-Lormeus	at (	617	702-2736 or 239-465-8640
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:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|--|

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# 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. Parents & Provider: Network Association, 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.)

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

2. Massachusetts 3. 04-3209871

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

4. 11/01/1993 5. (Date of Incorporation) (Date of duration, if other than perpetual)

N/A

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

7. 7662 Bristol Circle, Naples, FL 34120  
(Principal office address)

P.O. Box 110393, Naples, FL 34108

(Current mailing address, if different)

8. Provide educational training to teen parents, and families with children of intellectual disabilities, and children with workers  
(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: Deborah Richardson-Lormeus

Office Address: 7662 Bristol Circle

Naples, Florida 34120  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA  
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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.*

Deborah Richardson-Lormeus  
(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.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Deborah Richardson-Lormeus

Chairman: \_\_\_\_\_

7662 Bristol Circle, Naples, FL. 34120

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

Deborah Richardson-Lormeus

President: \_\_\_\_\_

7662 Bristol Circle, Naples, FL. 34120

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Patricia Paul

Secretary: \_\_\_\_\_

460 Mystic Ave, Somerville, Ma. 02145

Address: \_\_\_\_\_

Deborah Richardson- Lormeus

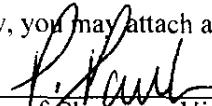
Treasurer: \_\_\_\_\_

7662 Bristol Circle, Naples, FL. 34120

Address: \_\_\_\_\_

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. \_\_\_\_\_

Deborah Richardson-Lormeus 

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

16  
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TALLAHASSEE, FLORIDA



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

September 20, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that

**PARENTS & PROVIDER NETWORK ASSOCIATION, INC.**

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **November 1, 1993 (Chapter 180)**.

I also certify that so far as appears of record here, said corporation still has legal existence.

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TALLAHASSEE, FLORIDA

In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

