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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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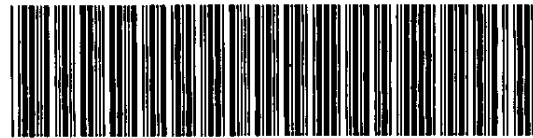
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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

RECEIVED
2016 DEC - 8 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Deborah Richardson-Lormeus

617

702-2736 or 239-465-8640

Name of Person

at ()
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. 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)
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. 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 child care 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)

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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Deborah Richardson-Lormeus

Address: 7662 Bristol Circle, Naples, FL. 34120

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Deborah Richardson-Lormeus

Address: 7662 Bristol Circle, Naples, FL. 34120

Vice President:

Address:

Secretary: Patricia Paul

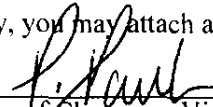
Address: 460 Mystic Ave, Somerville, Ma. 02145

Treasurer: Deborah Richardson- Lormeus

Address: 7662 Bristol Circle, Naples, FL. 34120

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TALLAHASSEE, FLORIDA

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



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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SECRETARY OF STATE
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