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TALLAHASSEE, FLORIDA

DEC 22 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Care Association of America, 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:

Nataly Schwartz

Name of Person

Home Care Association of America

Firm/Company

444 North Capitol Street NW

Ste. 397

Address

Washington, DC 20001

City/State and Zip Code

nataly@hcaoa.org

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

For further information concerning this matter, please call:

Nataly Schwartz

Name of Person

at (202)
Area Code

508-3872

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. Home Care Association of America, 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.)

HCAOA Florida Inc.

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

2. Indiana 3. 75-3069397
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 20, 2002 5. perpetual
(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. 444 North Capitol Street NW Ste. 397 Washington, DC 20001
(Principal office address)

(Current mailing address, if different)

8. To function as a trade association for providers of private duty home care in the state of Florida
(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: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company

By: [Signature]

Chelsey Martine

(Registered agent's signature)

Vice President

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: Peter Ross
Address: 1966 Greenspring Dr. Ste. 507 Timonium, MD 21093

Vice Chairman: Leann Reynolds
Address: 7100 E. Belleview Ave. Ste. 101 Greenwood Village, CO 80111

Director: Laura deBruin
Address: 475 N. Martingale Rd. Ste. 260 Schamburg, IL 60173

Director: _____
Address: _____

B. OFFICERS

President: Phil Bongiorno
Address: 444 North Capitol Street NW Ste. 397 Washington DC 20001

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

13. Phil Bongiorno
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Phil Bongiorno Executive Director
(Typed or printed name and capacity of person signing application)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Peter Ross, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Home Care Association of America, Inc

(Name of Corporation)

a corporation duly organized and existing under the laws of Indiana,
(State or Country)

was adopted on Wednesday, October 26, 2016, adopting the alternate

name of HCAOA Florida, Inc.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: 10-26-2016

Peter Ross
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

President
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

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

CR2E126 (04/12)

16 DEC 19 PM 12:01
TALLAHASSEE, FLORIDA

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HOME CARE ASSOCIATION OF AMERICA, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 20, 2002, and was in existence or authorized to transact business in the State of Indiana on November 29, 2016.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 29, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2002082300112 / 2016160177

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>