# F170000002195

(Re	questor's Name)	
· (Ad	dress)	
, (Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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K. SALY MAY 15 2017

#### **COVER LETTER**

TO: Registration Sec Division of Corp	porations	1	
SUBJECT:	ght Choice () Name of corporation	ommun, ty Oo	mmitment (brf.
Dear Sir or Madam:			
"Certificate of Existence	on by Foreign Corporation for "Certificate of Good State or corporation to transact busings."	anding" and check are sub	
Please return all corresp	ondence concerning this matt	ter to the following:	
	Licy Boni Name o	11a	
			^
	Right Choice	Community	Commitment Corf.
	Firm/Co	ompany	v
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	Add	lress	
	fairview	and Zip code	<del>\</del>
. 1	City/State	and Zip code	
	onilla e Kight Co	ce, Orgor Lie	eybonilla eyahoo.com
	E-mail address, (to be used	a for future a <del>m</del> utai report i	iounication)
For further information	concerning this matter, please	e call:	
1	alla ani	2011 8904	
Name of Persor	nila at ( 201 Area Co	ode Davtime Telepl	hone Number
		,	
Registration Sec	RIER ADDRESS:	MAILING Al Registration Se	
Division of Corp		Division of Co	orporations
Clifton Building		P.O. Box 6327	
2661 Executive Tallahassee, FL		Tallahassee, F	L. 32314 .
Enclosed is a check for t	he 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 CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Right Choice Community Commitment Corporation (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION."
"Inc." "Co.," "Corp." "Inc." "Co." or "Corp.")  Right Cec Right Choice
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. New Sey 3. 47-198-358-9
(State or country under the law of which it is incorporated) (FEI number, if applicable)  4. Obtoo O JOH 5. (Date of duration, if other than perpetual)
6(Date tirst transacted business in Florida, if prior to registration)
(SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability)  7. 152 Harket St. Suite 217 Paterson, wy 0505
(Principal office address)  152 Palket St. Surte 217 Paterson ws 02006 (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Hartha Scena  Office Address: 9951 Atlantic Blvd Suite 305
Tackson Ville Florida 3225 (Zip code)
9. 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)

10. 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.

14. Names and business addresses of officers and/or directors:	_
A. DIRECTORS	FILED
Chairman:	
Address:	AHASSE OF STATE
Vice Chairman:	LURIDA
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: Licy Bonilla	
Address: 296 Desoto Luce	
Visional Fals 4 (Vaccon	
Address: 112 Sand Bar RD	
Egg Harbor Township	N3 68234
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an adderdum to the application	listing additional officers and/or directors.
12. Lie Bon	
Signature of Director or O. The officer or director signing this document (and who is listed in nun are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817,155, F.S.	a document to the Department of State constitutes
Lica Bonilla	Rrosdent 4/17/17

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

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

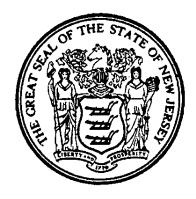
#### RIGHTCHOICE COMMUNITY COMMITMENT CORPORATION 0400691963

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 02, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

LICY BONILLA 152 MARKET ST. STE. 217 PATERSON, NJ 07505



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of April, 2017

Joed March

Ford M. Scudder
Acting State Treasurer

Certificate Number: 6079092216

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp



April 25, 2017

LICY BONILLA RIGHTCHOICE COMMUNITY COMMITMENT CORPORA 296 DESOTO PLACE FAIRVIEW, NJ 07022

SUBJECT: RIGHTCHOICE COMMUNITY COMMITMENT CORPORATION

Ref. Number: W17000035467

We have received your document for RIGHTCHOICE COMMUNITY COMMITMENT CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Letter Number: 117A00007990

Karen A Saly Regulatory Specialist II

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ALL ABASSEE, FLORIDA