

F17000002702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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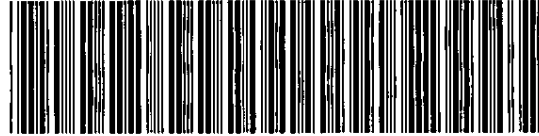
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/14/17

NAME: SUBSTANCE ABUSE SERVICES, INC

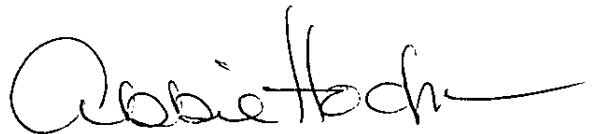
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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Substance Abuse Services, Inc. dba RASE Project
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:

Denise Holden

Name of Person

RASE Project

Firm/Company

100 North Cameron Street

Suite 401E

Address

Harrisburg, PA 17101

City/State and Zip Code

denise@raseproject.org

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

For further information concerning this matter, please call:

Denise Holden

Name of Person

at (717)

Area Code

232-8535

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. Substance Abuse Services, 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. Pennsylvania 3. 25-1861015
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 1, 2000 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. Have not started doing business in Florida yet
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 100 North Cameron Street, Suite 401E, Harrisburg, PA 17101
(Principal office address)

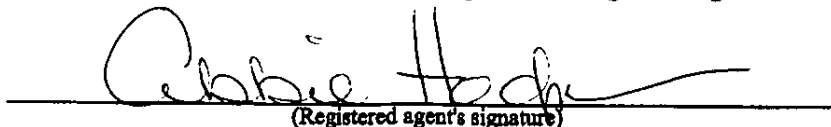
- (Current mailing address, if different)
8. Private, non-profit created to assist all those affected by Substance Use Disorders by providing Recovery Support Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Florida Filing & Search Services, Inc.
Office Address: 155 Office Plaza Drive
Tallahassee, Florida 32302
(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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Paul Sorrels
Chairman: _____
963-B Clearview Avenue
Address: _____
Harrisburg, PA 17111

Vice Chairman: _____
Address: _____

Megan Strausbaugh
Director: _____
5 Karen Court
Address: _____
Camp Hill, PA 17011

Robert McKendrick
Director: _____
11 Tristan Drive, Apt. 313
Address: _____
Dillsburg, PA 17019

B. OFFICERS

Denise Holden, CEO
President: _____
2928 Locust Lane
Address: _____
Harrisburg, PA 17109

Lori Mulholland
Vice President: _____
607 North Hanover Street
Address: _____
Carlisle, PA 17013

Kathleen Birmingham
Secretary: _____
436 North Lime Street
Address: _____
Lancaster PA 17602

Joseph H Gilloway
Treasurer: _____
4106 Orchard Street
Address: _____
Harrisburg, PA 17109

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TALLAHASSEE, FLORIDA

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

13. Denise M. Holden
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Denise M. Holden, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

06/12/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SUBSTANCE ABUSE SERVICES INC.

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC170612131425-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>