

F17000004738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

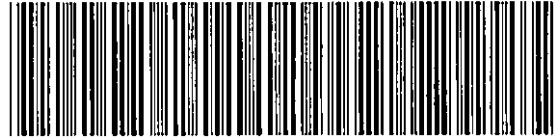
(Business Entity Name)

(Document Number)

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

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S. WARREN

OCT 20 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE TREES INSTITUTE  
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:

John Whitman  
Name of Person

THE TREES INSTITUTE  
Firm/Company

1129 PETRICK LANE  
Address

Chalfont, PA 18914  
City/State and Zip Code

JohnWhitman@theTREESINSTITUTE.ORG  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Whitman  
Name of Person

at ( 484 )  
Area Code

557-6980  
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. TREES INSTITUTE CORPORATION  
(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.)  
N/A

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

2. PENNSYLVANIA 3. 76-0752190  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 10, 2005 5. N/A  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. JAN 17, 2017  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 1129 DETRICK LANE, Chelfont, PA 18914  
(Principal office address)

N/A

(Current mailing address, if different)

8. OVER SEEING A CMS GRANT TO IMPROVE SENIOR CARE  
(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: GREG BELLOMY  
Office Address: 665 LAKEWOOD CIRCLE EAST  
DELRAY BEACH, Florida 33445  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.

Greg Bellomy  
(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**

Chairman: John Whitman

Address: 1129 PATRICK LANE

CHALFONT, PA 18914

Vice Chairman: LINDA COOMBS WHITMAN, PhD.

Address: 1129 PATRICK LANE

Chalfont, PA 18914

Director: MARY FINN

Address: 1328 NAPLIE AVE.

Philadelphia, PA 19111

Director: Robert MATLACK

Address: 12 IROQUOIS RD.

Richboro, PA 18954

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: John Whitman

Address: 1129 PATRICK LANE

Chalfont, PA 18914

Vice President: LINDA COOMBS WHITMAN

Address: 1129 PATRICK LANE

Chalfont, PA 18914

Secretary: Robert MATLACK

Address: 12 IROQUOIS RD, Richboro, PA 18914

Treasurer: Mary Finn

Address: 1328 NAPLIE AVE, Phila, PA 19111

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

13. [Signature]

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

14. John Whitman, Chairman

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

10/06/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TRECS INSTITUTE

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: TSC171006090220-1

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