

# F100000S618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

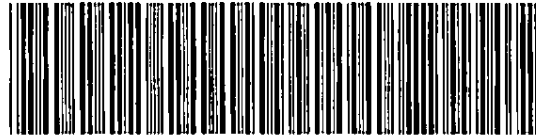
(Business Entity Name)

(Document Number)

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

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12/13/17--01013--003 \*\*78.75

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DATE 12/13/17 BY 3154

FILED

DEC 14 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Olds Hall Good Samaritan Housing GP, 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:

Sei Anna Ekthanitphong

Name of Person

The Evangelical Lutheran Good Samaritan Society

Firm/Company

4800 W. 57th Street

Address

Sioux Falls, SD 57108

City/State and Zip Code

mhamquic@good-sam.com

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

For further information concerning this matter, please call:

Sei Anna Ekthanitphong

Name of Person

605

at (Area Code)

362-3336

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:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Olds Hall Good Samaritan Housing GP, 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. South Dakota 3. [in process]  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 22, 2017 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 4800 W. 57th Street, Sioux Falls, SD 57108  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. To provide affordable housing to low-income seniors.  
(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: C T Corporation System  
Office Address: 1200 S. Pine Island Rd.  
Plantation, Florida 33324-0000  
(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.*

[see attached]

\_\_\_\_\_  
(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.

FILED  
2017-11-13 PM 3:55  
ALBANY, FLORIDA

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NOV 13 10 35 AM  
TALLAHASSEE, FLORIDA

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*Kristen Lichvarcik*

(Registered agent's signature) Kristen Lichvarcik, Assistant Secretary

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: [see attached addendum]

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: [see attached addendum]

Address: \_\_\_\_\_  
\_\_\_\_\_

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

14. Thomas A. Syverson, Chairman and President  
(Typed or printed name and capacity of person signing application)

FILED  
SEP 13 10 30 AM  
U.S. DEPT. OF JUSTICE

hCue

Report Name : Management Structure

Exported By : Sei Anna Ekhanitphong

Exported On : 12/12/2017

Entity Name: Olds Hall Good Samaritan Housing GP, Inc.

Name	Title	Title Role	Role Start	Last Elected	Status
Syverson, Thomas Arthur	Chairperson	Director	11/22/2017	11/22/2017	Active
Bergen Judith, Peterson	Vice Chairman	Director	11/22/2017	11/22/2017	Active
Tribble, G. Grant	Vice Chairman	Director	11/22/2017	11/22/2017	Active
Syverson, Thomas Arthur	President	Officer	11/22/2017	11/22/2017	Active
Tribble, G. Grant	Treasurer	Officer	11/22/2017	11/22/2017	Active
Kapusta, Thomas Joseph	Secretary	Officer	11/22/2017	11/22/2017	Active
Ham-Quick, Misty	Assistant Secretary	Officer	11/22/2017	11/22/2017	Active

20171227 10:54 AM

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FILED

# State of South Dakota

Office of the Secretary of State

## Certificate of Good Standing

Domestic Nonprofit Corporation

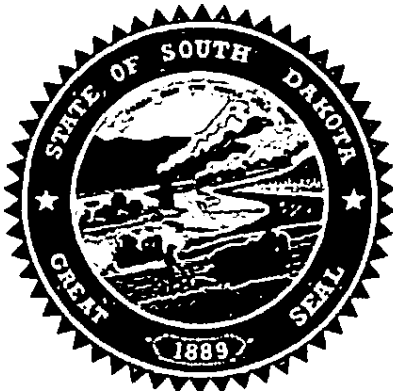
I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that

**OLDS HALL GOOD SAMARITAN HOUSING GP, INC.**

Business ID: NS140106

was authorized to transact business in this state on: November 22, 2017.

I, further certify that **OLDS HALL GOOD SAMARITAN HOUSING GP, INC.** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, December 12, 2017.

*Shantel Krebs*

Shantel Krebs  
Secretary of State

12/12/2017 3:10 PM

Verification #: 010155212

FILED