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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harriet Tubman PTO ASTERCARE 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:

Johnny Wade
Name of Person

Harriet Tubman PTO ASTERCARE INC.
Firm/Company

178 WATCHUNG AVE
Address

WEST ORANGE, NJ 07052
City/State and Zip Code

JWade@harrietTubmanASTERCARE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny Wade at (862) 216-2931
Name of Person Area Code 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. HARRIET TUBMAN PTO ASTERCARE 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.)

HARRIET TUBMAN CARE INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 27-0575594
(State or country under the law of which it is incorporated) (FET number, if applicable)
4. July 17, 2009 5. _____
(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. 178 WATCHUNG AVE WEST ORANGE, NJ 07052
(Principal office address)

(Current mailing address, if different)

8. TO CONDUCT NOT FOR PROFIT AFFAIRS IN 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: JOHNNY WADE

Office Address: 5525 SW 41 STREET APT 426
HOLLYWOOD, Florida 33023
(City) (Zip Code)

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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.

JOHNNY WADE
(Registered agent's signature)

1. 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: Johnny Wade

Address: 178 Watchung Ave W.O NJ 07052

Vice Chairman: Dr. Brenda Odoms

Address: 178 Watchung Ave W.O NJ 07052

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dr. Iseoma Nwankwo

Address: 178 Watchung Ave W.O NJ 07052

Vice President: Pearlie Kilgore

Address: 178 Watchung Ave W.O NJ 07052

Secretary: Lucretia Kris Terry

Address: 178 Watchung Ave W.O NJ 07052

Treasurer: Diane E. Young

Address: 178 Watchung Ave W.O NJ 07052

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

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

1. Johnny Wade - Chairman
(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**

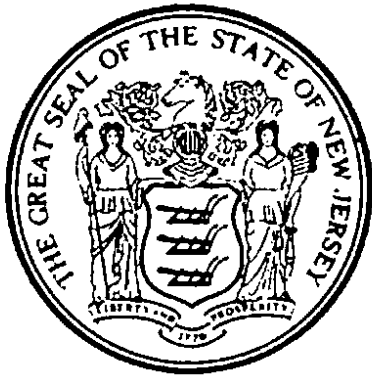
HARRIET TUBMAN PTO AFTERCARE INC.
0101002593

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on July 17, 2009.

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:

JOHN WADE
HARRIETT TUBMAN PTO AFTERCARE
178 WATCHUNG AVE.
WEST ORANGE, NJ 07052-6000



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
9th day of November, 2018*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6092710308

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp