

# F19000000197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

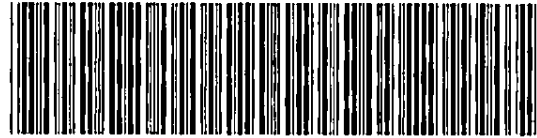
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AND  
FILED  
2019 JAN -2 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/1/19

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Volunteers of America Home Health Services dba Volunteers of America Home Health Services, 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:

Mark Larson/ Jillian Wallin

Name of Person

Messerli Kramer P.A.

Firm/Company

1400 Fifth Street Towers

100 S Fifth Street

Address

Minneapolis, MN 55402

City/State and Zip Code

mlarson@messerlikramer.com

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

For further information concerning this matter, please call:

Jillian Wallin

at ( 612 ) 672.3615

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing 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. Volunteers of America Home Health Services  
(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.)  
Volunteers of America Home Health Services, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Minnesota 3. 41-1791047  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/01/1994 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. has not yet conducted business  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 7530 Market Place Drive, Eden Prairie, Minnesota 55344  
(Principal office address)  
7530 Market Place Drive, Eden Prairie, Minnesota 55344  
(Current mailing address)
8. Provide home health care 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: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.*

By: Lynn Cannelongo Lynn Cannelongo, Assistant VP  
(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: Please see attached document.

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

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

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

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

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

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

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

**B. OFFICERS**

President: Please see attached document.

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

14. Nancy Gavin, Assistant Secretary/ Assistant Treasurer  
(Typed or printed name and capacity of person signing application)

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VOA NATIONAL SERVICES  
EIN: 41-1467162  
LIST OF BOARD OF DIRECTORS

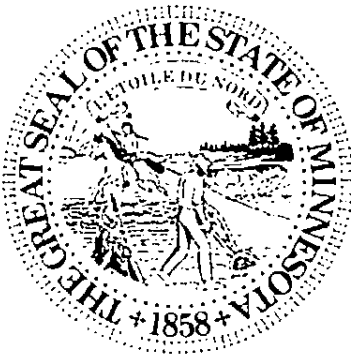
NAME	TITLE	ADDRESS	CITY	STATE	ZIP
MICHAEL KING	PRESIDENT/EX-OFFICIO	1660 DUKE STREET	ALEXANDRIA	VA	22314
JANE BURKS	BOARD CHAIR	1660 DUKE STREET	ALEXANDRIA	VA	22314
C. DAVID KIKUMOTO	BOARD VICE CHAIR	1660 DUKE STREET	ALEXANDRIA	VA	22314
EDWINA CARRINGTON	BOARD SECRETARY	1660 DUKE STREET	ALEXANDRIA	VA	22314
PATTI ANDREINI ARNOLD	TREASURER	1660 DUKE STREET	ALEXANDRIA	VA	22314
ANDY EDEBURN	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
JAMES LEBLANC	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
MICHAEL SULLIVAN	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
KAREN DALE	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
STEVE WAKEFIELD	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
NANCY RASE	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
KEITH KNAPP	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
JEANNE PETERSON	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
SHAWN BLOOM	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
TOM DOLAN	DIRECTOR	1660 DUKE STREET	ALEXANDRIA	VA	22314
JOSEPH BUDZYNSKI	ASST SECRETARY/TREASURER (NON-VOTING)	1660 DUKE STREET	ALEXANDRIA	VA	22314
NANCY GAVIN	ASST SECRETARY/TREASURER (NON-VOTING)	1660 DUKE STREET	ALEXANDRIA	VA	22314
FAITH NUTZ	ASST SECRETARY/TREASURER (NON-VOTING)	1660 DUKE STREET	ALEXANDRIA	VA	22314
ROBERT GIBSON	ASST SECRETARY/TREASURER (NON-VOTING)	1660 DUKE STREET	ALEXANDRIA	VA	22314
SHARON WILSON GENO	ASST SECRETARY/TREASURER (NON-VOTING)	1660 DUKE STREET	ALEXANDRIA	VA	22314
ROBIN KELLER	ASST SECRETARY (NON-VOTING)	1660 DUKE STREET	ALEXANDRIA	VA	22314
PATRICK SHERIDAN	ASST SECRETARY (NON-VOTING)	1660 DUKE STREET	ALEXANDRIA	VA	22314

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Volunteers of America Home Health Services
Date Filed:	09/01/1994
File Number:	1L-139
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/13/2018



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota