

F19000005590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

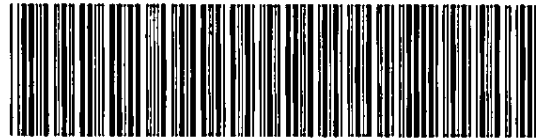
(Document Number)

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

Special Instructions to Filing Officer:

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incomplete forms/suff  
W19000033443

Office Use Only



200326510912

03/29/19--01026--023 \*\*87.50

2019 DEC 13 PM 1:44

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 12/13/2019

**\*\*WALK IN\*\***

ENTITY NAME PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXX

*Plain Copy*

XXXX

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 87.50

CHECK # See rejection letter

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Public Health Institute of Metropolitan Chicago  
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:

Karen A. Reitan  
Name of Person

PHIMC  
Firm/Company

180 N. Michigan, Suite 1200  
Address

Chicago, Illinois 60601  
City/State and Zip Code

Karen.Reitan@Phimc.org  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Karen A. Reitan at ( 312 ) 629-2988  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Public Health Institute of Metropolitan Chicago  
(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 as presently "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

Public Health Institute of Metropolitan Chicago, INC  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS

(State or country under the law of which it is incorporated)

36-3959353

(FEI number, if applicable)

4. 01/24/1994

(Date of incorporation)

(Date of duration, if other than perpetual)

6.

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

7. 180 N. MICHIGAN AVE STE 1200 CHICAGO, IL 60601

(Principal office street address)

(Current mailing address, if different)

8. Enhance community health in the Chicago Metropolitan area

(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: URS AGENTS, LLC

Office Address: 3458 LAKESHORE DR

TAULHASSEE

(City)

Florida 32212

(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.

K B

(Registered agent's signature)

Karling Bishop, Asst. 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.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

**A. DIRECTORS**

☐ Chairman Name: Karen Reitan  
☐ Vice Chairman Address: 180 N. Michigan Ave  
☐ Director Ste 1200  
☐ President Chicago IL 60601  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other: Executive Director ☐ Other: \_\_\_\_\_

☐ Chairman Name: Naomi Sugar  
☐ Vice Chairman Address: 180 N Michigan  
☐ Director Ste 1200  
☐ President Chicago, IL 60601  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other: Deputy Director ☐ Other: \_\_\_\_\_  
of Programs

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Donna Blackwell  
☐ Vice Chairman Address: 180 N Michigan Ave.  
☐ Director Ste. 1200  
☐ President Chicago IL 60601  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other: Deputy ☐ Other: \_\_\_\_\_  
Director of Finance

☐ Chairman Name: Blair Harvey  
☐ Vice Chairman Address: 180 N Michigan  
☐ Director Ste 1200  
☐ President Chicago IL 60601  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other: Deputy ☐ Other: \_\_\_\_\_  
Director of Strategy and Partnerships

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

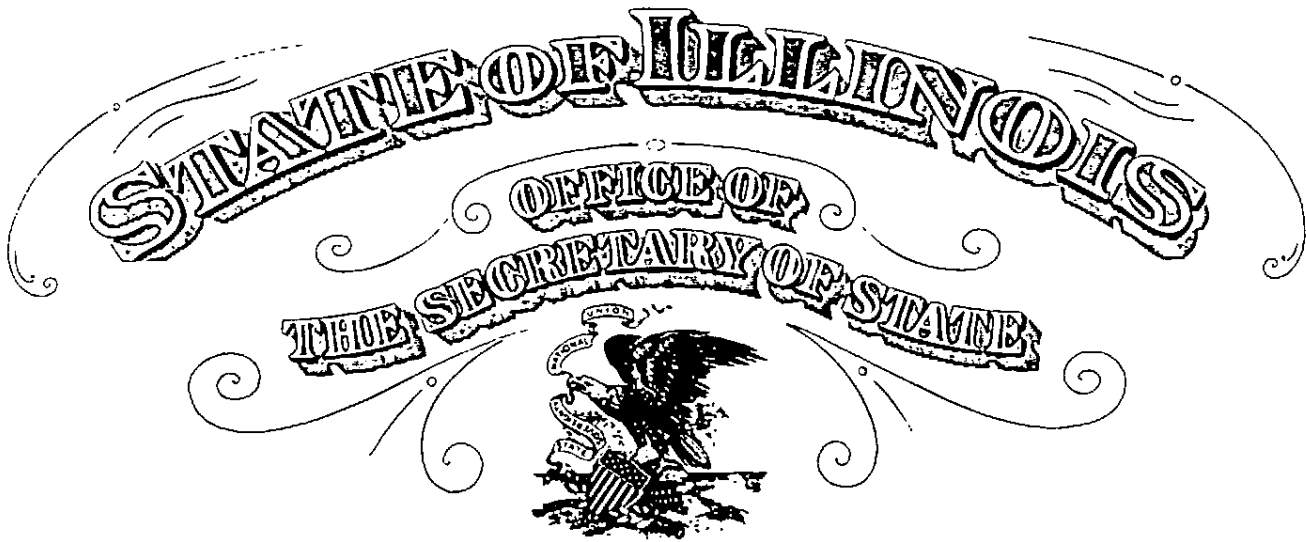
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Donna Blackwell  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
14. Donna Blackwell  
(Typed or printed name and capacity of person signing application)

2019 DEC 13 PM 4:5

File Number

5765-203-9



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 24, 1994, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

DEC 13 PM 1:45



**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of DECEMBER A.D. 2019 .

*Jesse White*

SECRETARY OF STATE

December 3, 2019

KAREN REITAN  
180 N. MICHIGAN, STE 1200  
CHICAGO, IL 60601

SUBJECT: PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO  
Ref. Number: W19000033443

We have received your document for PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II      Letter Number: 919A00006555

[www.sunbiz.org](http://www.sunbiz.org)  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

**CORRECTED**  
**Please Allow For**  
**Same File Date**

19 DEC 11 11:54 AM  
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