



October 5, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

M. BURR KEIM COMPANY

SUBJECT: CHILD AND ADOLESCENT COUNSELING SERVICES OF SOUTHEASTERN
PENNSYLVANIA
REF: W22000126052

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Incomplete business name on the audit sheet.

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

FAX Aud. #: H22000326943
Letter Number: 422A00022162

(((H220003269433)))

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 Child and Adolescent Counseling Services of Southeastern Pennsylvania

(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.)

Child and Adolescent Counseling Services of Southeastern Pennsylvania Inc.

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

2 Pennsylvania

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

3

(FEI number, if applicable)

4 May 23, 2008

(Date of Incorporation)

5

(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.)

7 127 East Chestnut Street, Floor 3, West Chester, PA 19380

(Principal office street address)

(Current mailing address, if different)

8 CACS PROVIDES DISCOUNTED THERAPEUTIC SERVICES/FUNCTIONAL BEHAVIORAL ASSESSMENTS TO CHILDREN AND THEIR FAMILIES WITH A DIAGNOSIS OF AUTISM SPECTRUM DISORDER.

(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 Linh Nguyen-Smallwood

Office Address: 6848 Runner Oak Drive

Wesley Chapel

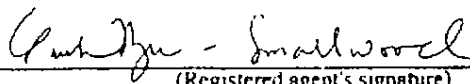
(City)

Florida 33545

(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.



(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

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APPROVED
AND
FILED

2022 OCT -5 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 Trinh Nguyen-Smallwood
☐ Vice Chairman Address 127 East Chestnut Street, Floor 3
West Chester, PA 19380
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Travis Smallwood
☐ Vice Chairman Address 127 East Chestnut Street, Floor 3
West Chester, PA 19380
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name David Steffie
☐ Vice Chairman Address 127 East Chestnut Street, Floor 3
West Chester, PA 19380
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Eina O'Connor
☐ Vice Chairman Address 127 East Chestnut Street, Floor 3
West Chester, PA 19380
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ 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 Trinh Nguyen - Smallwood
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14 Trinh Nguyen-Smallwood, President
 (Typed or printed name and capacity of person signing application)

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

09/21/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

Child and Adolescent Counseling Services of Southeastern Pennsylvania

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

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number TSC220921100557-1

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

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