

2/22/23 1:46 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)288-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nshafi@whitman-walker.org

**FOREIGN PROFIT/NONPROFIT CORPORATION
WHITMAN-WALKER CLINIC INC**

Certificate of Status	0
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S. ROBERTS

FEB 22 2023

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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. Whitman-Walker Clinic 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. Washington DC 3. 52-1122122
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 13, 1978 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. 1377 R St NW Suite 200, Washington DC, 20009
(Principal office street address)

(Current mailing address, if different)

Community—based health and wellness services to all with a special expertise in LGBTQ and HIV care

8. _____
(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 South Pine Island Road
Plantation Florida 33324
(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.

C T Corporation System

By Genie Bell

(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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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: Travis Patton

☐ Vice Chairman Address: _____

☐ Director 1620 S Street NW, Washington DC 20009

☐ 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: _____

☐ Chairman Name: Shannon White

☒ Vice Chairman Address: _____

☐ Director 14002 Shannock Lane, Upper Marlboro, MD 20774

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Chip Sherrill

☐ Vice Chairman Address: 1312 Q St NW, Washington, DC 20009

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

14. Travis Patton
(Typed or printed name and capacity of person signing application)

Initial File #: 780122
Entity Type: Non-Profit Corporation

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF LICENSING AND CONSUMER PROTECTION
CORPORATIONS DIVISION



C E R T I F I C A T E

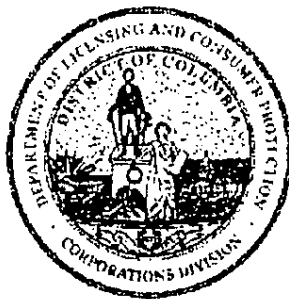
THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

WHITMAN-WALKER CLINIC INC

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 01/13/1978 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 1/26/2023 12:48 PM

Business and Professional Licensing Administration



Rebecca Janovich

REBECCA JANOVICH
Deputy Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: u4IzvDdF