

F23000003827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

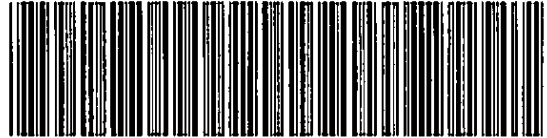
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

W23-84301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2023

PATRICK NEALE  
5470 BRYSON COURT, SUITE 103  
NAPLES, FL 34109 US

SUBJECT: RANDOLPH COUNTY VETERANS SHELTER INC.  
Ref. Number: W23000084301

We have received your document for RANDOLPH COUNTY VETERANS SHELTER INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Ariel Jones  
Regulatory Specialist II

Letter Number: 123A00013614

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Randolph County Veterans Shelter 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:

Patrick Neale  
Name of Person

Patrick Neale & Associates  
Firm/Company

5470 Bryson Court, Suite 103  
Address

Naples, FL 34109  
City/State and Zip Code

Office@patrickneale.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick H. Neale at ( 239 ) 642-1485  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Randolph County Veterans Shelter 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)

46-2943028

2. Indiana 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/17/2013 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. 7785 Davis Boulevard, Unit 103, Naples, FL 34104  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. support veterans by providing assistance, case management, education and crisis management in order  
(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)

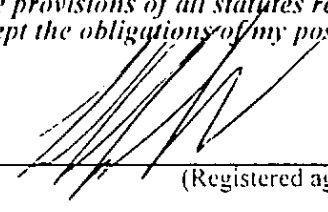
Name: Patrick H. Neale

Office Address: 5470 Bryson Court, Suite 103

Naples, Florida 34109  
(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.*

  
\_\_\_\_\_  
(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. 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: Eric Baker  
☐ Vice Chairman Address: 806 S. Pineview  
☐ Director Winchester, IN 47394  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Brandie Lowe  
☐ Vice Chairman Address: 9444 S. Jackson Street  
☒ Director Lynn IN 47355  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Ian Robertson  
☐ Vice Chairman Address: 2505 W. Petty Road  
☐ Director Muncie IN 47304  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Daniel Baker  
☐ Vice Chairman Address: 2583 S. 400 W  
☐ Director Winchester, IN 47394  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Treasurer ☐ Other: \_\_\_\_\_

☐ Chairman Name: Eldon Solomon  
☐ Vice Chairman Address: 325 s. Oak St. #101  
☐ Director Winchester IN 47394  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: CEO ☐ Other: \_\_\_\_\_

☐ Chairman Name: Tommy Goul  
☒ Vice Chairman Address: 325 S. Oak St. #101  
☐ Director Winchester IN 47394  
☐ 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. Eldon Solomon  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Eldon Solomon, CEO  
(Typed or printed name and capacity of person signing application)

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**RANDOLPH COUNTY VETERANS SHELTER INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 17, 2013, and was in existence or authorized to transact business in the State of Indiana on June 16, 2023.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 16, 2023

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

2013041800056 / 20233234808

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 16, 2023.