

F23000004039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

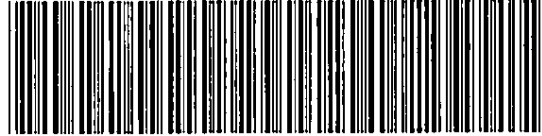
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Academy on Violence and Abuse, 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:

Jennifer Urban

Name of Person

Legal for Good PLLC

Firm/Company

5353 Gamble Dr., Suite 320

Address

Saint Louis Park, MN 55416

City/State and Zip Code

jenn@legalforgood.com

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

For further information concerning this matter, please call:

Jennifer Urban

Name of Person

at (

612

Area Code

284-6441

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. Academy on Violence and Abuse, 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. Minnesota 3. 20-2804958
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 27, 2005 5. 2023
(Date of Incorporation) (Date of duration, if other than perpetual)

6. February 23, 2023
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2410 Sherwood Hills Rd., Minnetonka, MN 55305
(Principal office street address)

(Current mailing address, if different)

8. To advance health education and research on the recognition, treatment, and prevention of violence and abuse.
(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: Randell C. Alexander, MD, PhD

Office Address: 4505 Beach Blvd.
Jacksonville, Florida 32207
(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.

DocuSigned by:

Randell C. Alexander, MD, PhD

(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: Barbara Knox, MD
☐ Vice Chairman Address: 2410 Sherwood Hills Rd.
☒ Director Minnetonka, MN 55305
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ginger Meyer, MSW, LISW
☐ Vice Chairman Address: 2410 Sherwood Hills Rd.
☒ Director Minnetonka, MN 55305
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Allison Jackson, MD, MPH
☐ Vice Chairman Address: 2410 Sherwood Hills Rd.
☒ Director Minnetonka, MN 55305
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other: President ☐ Other: _____

☐ Chairman Name: Marie Christensen, MD, FACS
☐ Vice Chairman Address: 2410 Sherwood Hills Rd.
☒ Director Minnetonka, MN 55305
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dave Schneider, MD, MSPH
☐ Vice Chairman Address: 2410 Sherwood Hills Rd.
☒ Director Minnetonka, MN 55305
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Tasneem Ismailji, MD, MPH
☐ Vice Chairman Address: 2410 Sherwood Hills Rd.
☒ Director Minnetonka, MN 55305
☐ 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. Ginger Meyer, MSW, LISW, CCPT
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

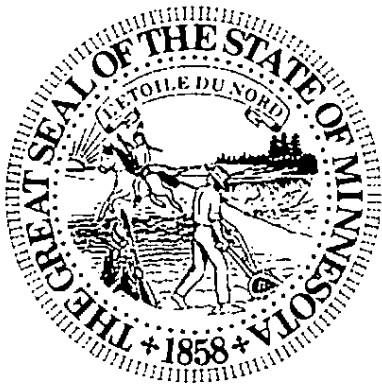
14. Ginger Meyer, MSW, LISW, CCPT - President and Director
(Typed or printed name and capacity of person signing application)

**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: Academy on Violence and Abuse
Date Filed: 04/27/2005
File Number: 1333725-2
Minnesota Statutes, Chapter: 317A
Home Jurisdiction: Minnesota

This certificate has been issued on: 03/20/2023



Steve Simon

Steve Simon
Secretary of State
State of Minnesota