# F23000005855

(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
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08/25/23--01088--025 \*\*78.75





September 13, 2023

SUSANA GONZALEZ 5301 TIETON DRIVE, SUITE C YAKIMA, WA 98908 US

SUBJECT: CATHOLIC CHARITIES OF THE DIOCESE OF YAKIMA

Ref. Number: W23000125436

We have received your document for CATHOLIC CHARITIES OF THE DIOCESE OF YAKIMA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no suffix at the end of your title.,

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.

Andrea Andrews Regulatory Specialist II

RECEIVED

Letter Number: 123A00021091

### **COVER LETTER**

10:	~	on of Corporations					
SUBJE	CT:	Catholic Charities of the Diocese of Yakima  Name of corporation - must include suffix					
Dear Sir	r or M	adam:					
"Certific	cate of	"Application by Foreign Corpo" Existence," or "Certificate of ced foreign corporation to trans	Good Stan	ding" and check are subm			
Please r	eturn a	all correspondence concerning	this matter	to the following:			
Susana	Gonzal	lez					
-			Name of	Person			
Catholic	Chariti	es of the Diocese of Yakima					
		<del></del>	Firm/Com	pany	· · · · · · · · · · · · · · · · · · ·		
5301 Tie	eton Dri	ve, Suite C					
-			Addre	ess			
Yakima,	WA 9	8908					
		C	ity/State a	nd Zip code	<del>-</del>		
sgonzale	ez@cal	holiccharitiescw.org					
	•	E-mail address: (to	o be used f	or future annual report no	tification)		
For furt	her inf	ormation concerning this matte	er, please c	all:			
Paul Palmer at Name of Person		509	965-7100				
			Area Code		one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ction porations		
	iake ch	check for the following amount eck payable to: FLORIDA DEPA ng Fee S78.75 Filing For Certificate of S	ARTMENT ee & = [	OF STATE  ] \$78.75 Filing Fee &  Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy		

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1	Catholic Charities of the Diocese of Yakima, Corporation									
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Torp," "Inc.," "Co.," or "Corp.")									
	(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting	business in Fl	orida)					
2.	Washington  (State or country under the law of which it is incorporated)  3.		91-1370404							
			(FEI number, if applicable)							
4.	05/26/1953	5.								
	(Date	of incorporation)	(Date of duration, if other than perpetual)							
6,	08/16/2023									
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		)						
_, 5	301 Tieton Drive	, Suite C Yakima WA 98908-3479		,						
/· <u> </u>			ce <u>street</u> address)							
-	, <del>, , , , , , , , , , , , , , , , , , </del>	(Current mailing	g address, if different)							
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)					2023 OCT					
	Name:	Registered Agents Inc			CT	٠.				
Ofi	fice Address:	7901 4th St N STE 300		•	_	. *				
		St. Petersburg	 , Florida <sup>33702</sup>		뫈	و او				
		(City)	(Zip code)	· • -	3: 02	4				
Ha des fur	ving been nam signated in this ther agree to c	ent's acceptance:  led as registered agent and to accept service  application, I hereby accept the appointm  omply with the provisions of all statutes re-  with and accept the obligations of my pos	ent as registered agent and agree lative to the proper and complete	to act in this	s capaci	in. I				

(Registered agent's signature)

10. 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.

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

#### A. DIRECTORS Darlene Darnell, CEO Manuel Villafan, COO □ Chairman □Chairman Name: 207 S 19th Ave 136 Rosa Vista Drive ☐ Vice Chairman Address: □Vice Chairman Address: Yakima, WA 98902 Yakima, WA 98901 □ Director □ Director ZPresident **⊡**President □Vice President ZVice President □Treasurer ☐Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_ □Other \_\_\_\_\_ Paul Palmer, CFO Msgr. Robert Siler ☐ Chairman □ Chairman 101 S 12th Ave 2112 S 76th Ave Address: □ Vice Chairman Address: \_ □Vice Chairman Yakima, WA 98903 Yakima, WA 98902 □ Director □ Director □President President □Vice President □Vice President \_\_\_\_\_ □ Secretary **Z**Treasurer Z Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_\_ □Chairman □Chairman □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □Director □Director □President □President ☐ Vice President \_\_\_\_\_\_ □ Vice President ☐ Treasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ 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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$,817,155, F.S.

, Paul Palmer, CFO



Secretary of State

I, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

#### CATHOLIC CHARITIES OF THE DIOCESE OF YAKIMA

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/26/1953.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/18/2023 UBI Number: 601 056 391

to R Hobbie

STATE OF WASHINGTON 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued 08-18-2023