

F240000001579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

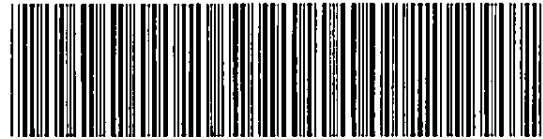
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W24000036215

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2024

ANNE LEOPOLD
2000 SPROUL RD. STE. 106
BROOMALL, PA 19008 US

SUBJECT: EMMAUS HOME INCORPORATED
Ref. Number: W24000036215

We have received your document for EMMAUS HOME INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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

Letter Number: 424A00004771

RECEIVED

MAR 18 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emmans Home 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:

Anne Leopold
Name of Person

Emmans Home Inc.
Firm/Company

2000 Sprawl Rd. Ste. 106
Address

Broomall PA 19008
City/State and Zip Code

Anne.leopold@emmanshome.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Leopold at (215) 378-3354
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. Emmirus Home Incorporated
(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.)
Emmirus Home Incorporated Florida
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Pennsylvania 3. 4768731
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/14/2014 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. 2100 Sprout Rd, Ste 106, Broomall, PA 19008
(Principal office street address)
713 14th Ave, Prospect Park, PA 19076
(Current mailing address, if different)
8. Provider of residential habilitation for persons w/ disabilities
(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: Ann Marie Attomare
Office Address: 5181 Roma Street
Ave Maria, Florida 34142
(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.
Ann Marie Attomare
(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: Anne Leopold ☐ Chairman Name: _____
☐ Vice Chairman Address: 713 14th Ave Prospect ☐ Vice Chairman Address: _____
☐ Director Dennis Beil Park PA ☐ Director Christopher Josten Esq
☐ President David Evans ☐ President _____
☐ Vice President _____ ☐ Vice President _____
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____ ☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David Evans ☐ Chairman Name: Chris Josten
☐ Vice Chairman Address: 1951 N. 24th ☐ Vice Chairman Address: 7048
☒ Director street ☐ Director Greenhill Road
☐ President Philadelphia, PA ☐ President Philadelphia, PA
☐ Vice President 19121 ☐ Vice President 19151
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____ ☐ Other: _____ ☐ Other: _____

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

☐ Chairman Name: _____ ☐ Chairman Name: _____
☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____
☐ Director _____ ☐ Director _____
☐ President _____ ☐ President _____
☐ Vice President _____ ☐ Vice President _____
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____ ☐ 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. Anne Leopold
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Anne Leopold Chairman
(Typed or printed name and capacity of person signing application)

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Emmaus Home
Request Type: Subsistence Certificate **Issuance Date:** February 08, 2024
Request No.: 030070720 **File No.:** 0004244919
Receipt No.: 000899201
Filing Type: Domestic Nonprofit Corporation
Filing Subtype: Nonprofit Corporation
Initial Filing Date: January 17, 2014
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Emmaus Home

is currently subsisting on the records of the Department of State as of the issuance 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 my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov