Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 : (561)686-3307 Phone : (561)290-1590 Fax Number

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

Email Address: rachelsgate328@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION RACHEL'S GATE, INC.

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To: , Page: 5 of 6 2024-04-04 17:05:03 EDT 15618990450 From: Susie Daversa

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March 29, 2024

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: RACHEL'S GATE, INC.

Document No.: N21000005824

Dear Sir/Madam:

I am the President of the above referenced corporation, RACHEL'S GATE, INC. (the "Corporation"). The Corporation hereby authorizes the foreign not-for-profit corporation RACHEL'S GATE, INC. (a New York not-for-profit corporation) to use its name, Rachel's Gate, as the Corporation has formally dissolved its Florida entity that was formed in error simultaneously with this filing, by filing Articles of Dissolution with the Department of State Division of Corporations.

Should you have any questions regarding the above please do not hesitate to contact our attorney. Philip M. DiComo at 561-686-3307. Thank you.

RACHEL'S GATE, INC.

By: Teresa Pinto
Teresa Pinto, President

To:

OccuSign Envelope ID; E0099C40-FC02-4270-874A-A397668E01A8

FAN: H24000124922 3

From: Susie Daversa

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:

(If name unav	ailable in Florida, enter alternate	corporate name adopted for the purpose of transacting business in Florida
		, and , may make a second bull the manage of a second seco
New York		incorporated) (FEI number, if applicable)
(State or cou	ntry under the law of which it is	incorporated) (FEI number, if applicable)
12/18/2018		5. (Date of duration, if other than perpetual)
(I	Date of Incorporation)	(Date of duration, if other than perpetual)
(18 - 43 - 14 - 14 - 14 - 14 - 14 - 14 - 14	1	registration. See sections 617 1501 & 617.1502, F.S. to determine penalty lie
57 Church St.,	, Wallkill, NY 12589	(Principal office street address)
		(Principal office street address)
	((Current mailing address, if different)
Hospice for G	eriatric Doos	
(Purpose(s) of	corporation authorized in home s	state or country to be carried out in the state of Florida (1)
·	•	state or country to be carried out in the state of Florida
·	•	red agent: (P.O. Box NOT acceptable)
Name and str	reet address of Florida register	red agent: (P.O. Box NOT acceptable)
Name and str	reet address of Florida register	red agent: (P.O. Box NOT acceptable)
Name and str	reet address of Florida register	red agent: (P.O. Box NOT acceptable)
Name and str	reet address of Florida register	red agent: (P.O. Box NOT acceptable)
Name and str	reet address of Florida register	red agent: (P.O. Box NOT acceptable)
Name and <u>str</u> Name: ffice Address:	Philomena J. Wear 1618 Northwest 10th Avenue Fort Lauderdale (City)	red agent: (P.O. Box NOT acceptable) PR Solution
Name and <u>str</u> Name: ffice Address:	Philomena J. Wear 1618 Northwest 10th Avenue Fort Lauderdale (City) Lagent's acceptance:	red agent: (P.O. Box NOT acceptable) PR SI All (Zip Code) SI (Zip Code) SI (Zip Code)
Name and str Name: Tice Address:	Philomena J. Wear 1618 Northwest 10th Avenue Fort Lauderdale (City) I agent's acceptance: amed as registered agent and this application. Thereby acceptance	Florida 33311 (Zip Code)
Name and str Name: Tice Address:	Philomena J. Wear 1618 Northwest 10th Avenue Fort Lauderdale (City) I agent's acceptance: amed as registered agent and this application. Thereby acceptance	Florida 33311 (Zip Code)
Name and straine: Mame: Mice Address: Registered laving been no strained in the	Philomena J. Wear 1618 Northwest 10th Avenue Fort Lauderdale (City) I agent's acceptance: amed as registered agent and this application. Thereby acceptance	red agent: (P.O. Box NOT acceptable) PR Signature Signature
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Name and straight Name: Office Address: O. Registered laving been not option at all in the straight Name and in the straight Name and the straight Name	Philomena J. Weat 1618 Northwest 10th Avenue Fort Lauderdale (City) 1 agent's acceptance: uned as registered agent and its application. I hereby acceptance in the provisions of the with and accept the obligation with and accept the obligation.	Florida 33311 (Zip Code)

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. DIRECTOR						
□Chairman	Name: Teresa Pinto	□Chairman	Philomena J. Wear Name:			
_lVice Chairman	Address: 57 Church St.	LIVice Chairman	Address: 1618 Northwest 10th Avenue			
■Director	Walkill, NY 12589	Director	Fort Lauderdale, FL 33311			
■ President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	□Secretary	■ Treasurer			
□Other:	Other:	□Other:	COther:			
□Chairman □Vice Chairman ■Director	Name: Patricia Meiers Name: 242 Cottage St. Address: Middletown, NY 10940	□ Chairman □ Vice Chairman ■ Director	Name: Rosanne Pinto 63 Whattier Blvd. Address: Poughkeepsic, NY 12603			
□President		FlPresident				
■ Vice President		CIVice President				
□Secretary	□Treasurer	■ Secretary	□Treasurer			
□Other:	□ Other:	Other:	Other:			
□ Chairman □ Vice Chairman ■ Director □ President	Name: Lisa Reed 271 Jordan Ave. Address: Montoursville, PA 17754	☐ Chairman ☐ Vice Chairman ☐ Director ☐ I President	Name: Victoria Guthric 1315 Cedar St. Address: Montoursville, PA 17754			
. IVice President		I IVice President				
☐ Secretary	□Treasurer	□Secretary	Treasurer			
70ther:		□Other:				
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-inde Retiffed Pauls Pauls may be added to the index when filing your Florida Department of State Annual Report form. 13. Tursa Pixto (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Teresa Pinto, President and Director (Typed or printed name and capacity of person signing application)						

From: Susie Daversa

EAN-U24000124022.2

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: RACHEL'S GATE, INC.

DOS ID Number: 5460675

Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 12/18/2018

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 02, 2024 at 09:30 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes

Executive Deputy Secretary of State

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