

F24000002523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

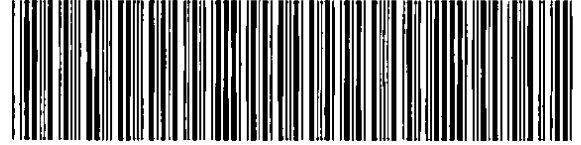
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR 19 PM 11:45
MULTI-STATE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REDEMPTION AND HUMAN DEVELOPMENT MINISTRIES 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:

Varlet Philippe

Name of Person

ATN HEALTH CLINIC

Firm/Company

601 S SEMORAN BLVD.

SUITE C

Address

ORLANDO FL 32807

City/State and Zip Code

ATNCOMMUNITYHEALTHFOUNDATION@GMAIL.COM

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

For further information concerning this matter, please call:

VARLET PHILIPPE

305

487-1792

at (_____) _____

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. REDEMPTION AND HUMAN DEVELOPMENT MINISTRIES 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.)

ATN COMMUNITY HEALTH FOUNDATION INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 26-3447670

(FEI number, if applicable)

4. 09/16/2008

(Date of Incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 03/29/2024

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

7. 24 PARK AVE 2ND, WEST ORANGE, NJ, 07052

(Principal office street address)

601 S Semoran Blvd. STE C, Orlando FL 32807

(Current mailing address, if different)

8. RESTORING HUMAN DIGNITY BY DESIGNING AND BUILDING SOUND PROGRAMS WHICH REDUCE HEAL

(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: ATN Health Corp

Office Address: 601 S Semoran Blvd. STE B

Orlando

(City)

Florida 33180

(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.

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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: Yola Gauthier
☐ Vice Chairman Address: 1502 Lando Ln.
☒ Director Orlando
☐ President FL
☐ Vice President 32806
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Jerald Reinshagen
☐ Vice Chairman Address: 1112 W Oak Ridge Rd
☐ Director Orlando
☐ President FL
☒ Vice President 32809
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

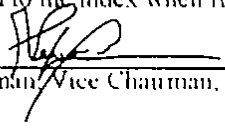
☐ Chairman Name: Carline Charles
☐ Vice Chairman Address: 1725 Marcia Dr
☐ Director Orlando
☐ President FL
☐ Vice President 32807
☐ Secretary ☐ Treasurer
☒ Other: Trustee ☐ Other:

☐ Chairman Name: Varlet Philippe
☐ Vice Chairman Address: 6006 Brookgreen Avenue
☒ Director Orlando
☐ President FL
☐ Vice President 32809
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

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

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ 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. 
(Signature of Chairman/Vice Chairman, or any officer listed in number 12 of the application)

14. Varlet Philippe
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**REDEMPTION AND HUMAN DEVELOPMENT MINSTRIES, INC.
0100995681**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on September 16, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*ENITH ZILAT
24 PARK AVE 2ND
WEST ORANGE, NJ 07052*

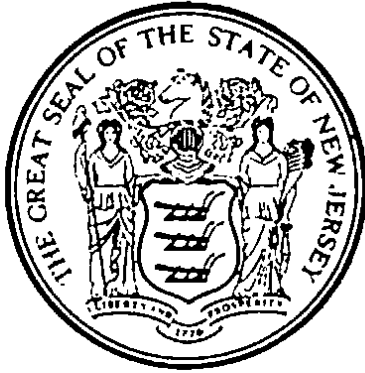
I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on March 29, 2024.

<i>CHIEF EXEC. OFFICER (CEO)</i>	<i>Varlet Philippe</i>
	<i>24 Park Avenue</i>
	<i>2nd FL</i>
	<i>West Orange , NJ 07052</i>

<i>SECRETARY</i>	<i>Carole Gauthier</i>
	<i>24 Park Avenue</i>
	<i>2nd FL</i>
	<i>West Orange, NJ 07052</i>

<i>TRUSTEES</i>	<i>Nicodeme Joseph</i>
	<i>24 Park Avenue</i>
	<i>2nd FL</i>
	<i>West Orange, NJ 07052</i>

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS
REDEMPTION AND HUMAN DEVELOPMENT MINSTRIES, INC.
0100995681**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
11th day of April, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6152568322

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp