

F24000002942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800429545888

~~05/09/24--01022--005 **87.50~~

05/09/24--01022--005 **87.50

2025 MAY -9 PM 4:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOANS Senior CommUnity Care of Florida, 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:

Heather Rogers

Name of Person

Volunteers of America, Inc.

Firm/Company

1660 Duke Street

Address

Alexandria, VA 22314

City/State and Zip Code

hrogers@voa.org

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

For further information concerning this matter, please call:

Mitzie Smith Mack

at (

703

341-5000

) 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. VOANS Senior CommUnity Care of Florida, 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. MN

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

3.

99-2550958

(FEI number, if applicable)

4. 04/12/2024

(Date of Incorporation)

5.

(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. 1660 Duke Street, Alexandria, VA 22314

(Principal office street address)

(Current mailing address, if different)

8. To engage, in the support, advance, promote and administer health and health related services to support and alleviate human suffering.

(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: Corporation Service Company

Office Address: 1201 Hayes Street,

(City) Tallahassee, Florida

(Zip Code) 32301

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.

Sandra Younker
(Registered agent's signature)

Sandra Younker, Asst Vice President

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: Thomas Turnbull
☐ Vice Chairman Address: 1660 Duke Street
☐ Director Alexandria, VA 22314
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David Nisivoccia
☐ Vice Chairman Address: 1660 Duke Street
☐ Director Alexandria, VA 22314
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Joseph Budzynski
☐ Vice Chairman Address: 1660 Duke Street
☐ Director Alexandria, VA 22314
☐ President _____
☐ Vice President _____
☒ 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: _____

☐ 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.

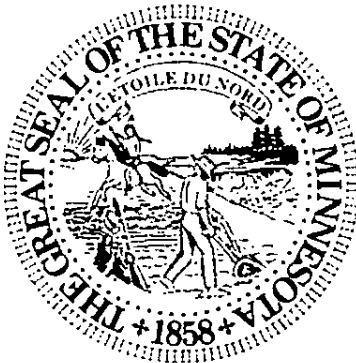
13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. David Nisivoccia, Assistant Secretary/Assistant Treasurer
(Typed or printed name and capacity of person signing application)

**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:	VOANS Senior CommUnity Care of Florida, Inc.
Date Filed:	04/12/2024
File Number:	1469250800027
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/24/2024



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota



May 8, 2024

Florida Department of State,
Division of Corporations
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

To Whom it May Concern:

Please find enclosed our completed Cover Letter, Application by Foreign Non -Profit for Authorization to Conduct its Affairs in Florida, the Minnesota Secretary of State Certificate of Good Standing and our Check in the amount of \$87.50, to register VOANS Senior Community Care of Florida, Inc.

Also, a prepaid FEDX overnight envelope has been enclosed and we request that once our registration has been processed that the Certificate of Status and certified copy be returned via this method.

Thank you in advance for your assistance in this matter.

If you have any questions or concerns please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads 'Heather Rogers'.

Heather Rogers
Corporate Compliance and Contracts Specialist
VOA, Inc.
1660 Duke Street
Alexandria, VA 22314

703-341-7056

Enclosures