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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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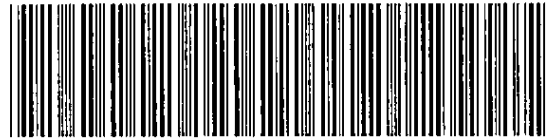
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 AUG -2 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 AUG -2 PM 11:57

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/02/2024

**\*\*WALK IN\*\***

ENTITY NAME COH HOLDCO, INC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70

ACCOUNT #: 120160000072

*S R JNO*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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. COH Holdco 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. DE 3. 87-3651176  
(State or country under the law of which it is incorporated) (FEI number, if applicable)


4. 11-08-2021 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. 1500 East Duarte Road, Duarte, CA 91010  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. **Charitable Services**  
(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: URS Agents, LLC  
Office Address: 3758 Lakeshore Dr  
Tallahassee, Florida 32312  
(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.*

Kelli Saldana - Assistant Secretary

(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.

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: See Attached List  
☐ 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: \_\_\_\_\_

☐ 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. Yvette Tremonti  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Yvette Tremonti, CFO  
(Typed or printed name and capacity of person signing application)

## COH HOLDCO OFFICERS AND BOARD OF DIRECTORS

<u>Name</u>	<u>Title</u>
Robert Stone Work: 1500 East Duarte Duarte, CA 91010 (626) 256-4673	President
Yvette Tremonti Work: 1500 East Duarte Duarte, CA 91010 (626) 256-4673	Treasurer & C.F.O.
Jo Ann Escasa-Haigh Work: 1500 East Duarte Duarte, CA 91010 (626) 256-4673	Asst. Treasurer
Donald J. Matthewson Work: 1500 East Duarte Duarte, CA 91010 (626) 256-4673	Asst. Treasurer
Cristin O'Callahan Work: 1500 East Duarte Duarte, CA 91010 (626) 256-4673	Secretary
Selwyn Isakow Work: 1500 East Duarte Duarte, CA 91010 (626) 256-4673	Director
Glenn Steele, MD Work: 1500 East Duarte Duarte, CA 91010 (626) 256-4673	Director
Ronald Sargent Work: 1500 East Duarte Duarte, CA 91010 (626) 256-4673	Director
William Post Work: 1500 East Duarte Duarte, CA 91010 (626) 256-4673	Director
Barbara Bruser Work: 1500 East Duarte	Director

## COH HOLDCO OFFICERS AND BOARD OF DIRECTORS

Duarte, CA 91010  
(626) 256-4673

Steven Fink	Director
Work: 1500 East Duarte	
Duarte, CA 91010	
(626) 256-4673	

Morgan Chu	Director
Work: 1500 East Duarte	
Duarte, CA 91010	
(626) 256-4673	

Philip Fasano	Director
Work: 1500 East Duarte	
Duarte, CA 91010	
(626) 256-4673	

Suzanne Vautrinot	Director
Work: 1500 East Duarte	
Duarte, CA 91010	
(626) 256-4673	

Pamela Boneham	Director
Work: 1500 East Duarte	
Duarte, CA 91010	
(626) 256-4673	

Adrienne White-Faines	Director
Work: 1500 East Duarte	
Duarte, CA 91010	
(626) 256-4673	

# Delaware

The First State

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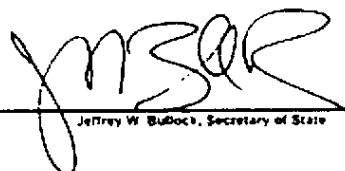
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COH HOLDCO INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COH HOLDCO INC." WAS INCORPORATED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2021.



  
Jeffrey W. Bullock, Secretary of State