

F2400006473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

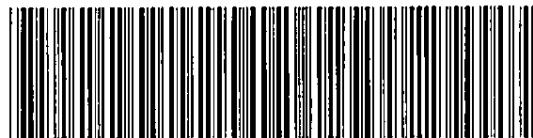
(Document Number)

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

Special Instructions to Filing Officer:

W24000165406

Office Use Only



100440563481

APPROVED  
AND  
FILED

2024 DEC 17 PM 2:38

SECRETARY OF STATE  
411 MARKET STREET  
SACRAMENTO, CA 95833

RECEIVED

2024 DEC 17 PM 3:03

SECRETARY OF STATE  
411 MARKET STREET  
SACRAMENTO, CA 95833

DEC 19 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2024

INCSERV

SUBJECT: ADVOCATES FOR LIFE SKILLS AND OPPORTUNITY, INC  
Ref. Number: W24000165406

We have received your document for ADVOCATES FOR LIFE SKILLS AND OPPORTUNITY, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

This file needs \$500 more dollars to be added to the \$192.50 to be processed.,

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: 024A00027437

Please honor the  
original submission date  
as the file date. Thanks! :)

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/17/2024

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1331323

**ORDER ENTITY**

ADVOCATES FOR LIFE SKILLS AND OPPORTUNITY, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**ADVOCATES FOR LIFE SKILLS AND OPPORTUNITY, INC. (FL)**

File the attached foreign qualification document

**NOTES:**

\$192.50 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. Advocates for Life Skills and Opportunity, 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. Oregon 3. 93-1234625  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/15/1997 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 05/01/2022  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 10541 SE Cherry Blossom Dr., Portland, Oregon, 97216  
(Principal office street address)

(Current mailing address, if different)

8. Employment and residential supports for individuals experiencing intellectual and developmental 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: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

Deborah Brouse

(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.

2024 DEC 17 PM 2:38  
APPROVED  
AND  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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: Brett Turner  
☐ Vice Chairman Address: 10541 SE Cherry Blossom Dr.  
☐ Director Portland, Oregon 97216  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: CEO ☐ Other: \_\_\_\_\_

☐ Chairman Name: Marcella Vail  
☐ Vice Chairman Address: 10541 SE Cherry Blossom Dr.  
☐ Director Portland, Oregon 97216  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: COO ☐ Other: \_\_\_\_\_

☐ Chairman Name: Ben McClure  
☐ Vice Chairman Address: 10541 SE Cherry Blossom Dr.  
☐ Director Portland, Oregon 97216  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Philippe Jasso  
☐ Vice Chairman Address: 10541 SE Cherry Blossom Dr.  
☐ Director Portland, Oregon 97216  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Phil Chun  
☐ Vice Chairman Address: 10541 SE Cherry Blossom Dr.  
☐ Director Portland, Oregon 97216  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Ramsey Cox  
☐ Vice Chairman Address: 10541 SE Cherry Blossom Dr.  
☐ Director Portland, Oregon 97216  
☐ 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. Brett Turner  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brett Turner CEO  
(Typed or printed name and capacity of person signing application)

Additional Officers

Walter Sofko  
Board Member  
10541 SE Cherry Blossom Dr.  
Portland, Oregon 97216

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 4162079

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State,  
do hereby certify:

**ADVOCATES FOR LIFE SKILLS AND OPPORTUNITY, INC.**

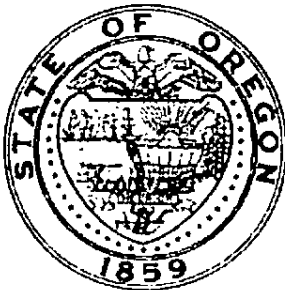
*is*

*a Nonprofit Corporation*

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto  
set my hand and affixed hereto the  
Seal of the State of Oregon.*



A handwritten signature in cursive script that reads "Lavonne Griffin-Valade".

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 11/5/2024



Come visit us on the internet at: <https://sos.oregon.gov/business>  
or use the QR code to check their current status.