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(Requestor's Name)

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(City/State/Zip/Phone #)

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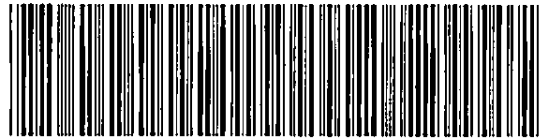
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACT, 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:

Judith Goldstein
Name of Person
PACT, INC.
Firm/Company
16901 Collins Avenue
Unit # 4901
Address
Sunny Isles Beach Florida 33160
City/State and Zip Code
Judig114@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith Goldstein at (610) 331-0887
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2025

JUDITH GOLDSTEIN
16901 COLLINS AVE UNIT 4901
SUNNY ISLES BEACH, FL 33160

SUBJECT: PACT, INC.
Ref. Number: W25000003772

We have received your document for PACT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 525A00000734

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. PACT, 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.)

PACT-Operation Foster, Inc.

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

2. Pennsylvania

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

3. 80-0507894

(FEI number, if applicable)

4. 11/13/2009

(Date of Incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Approval

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

7. 16901 Collins Avenue Unit # 4901, Sunny Isles Beach, FL 33160

(Principal office street address)

(Current mailing address, if different)

8. PACT fosters companion pets for US Military & Veterans

(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: Judith Goldstein

Office Address: 16901 Collins Avenue Unit # 4901

Sunny Isles Beach, Florida 33160

(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.

Judith Goldstein

(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

<input checked="" type="checkbox"/> Chairman	Name: <u>Melvin B. Miller</u>	<input type="checkbox"/> Chairman	Name: <u>Ellen Thompson</u>
<input type="checkbox"/> Vice Chairman	Address: <u>16901 Collins Ave #4901</u>	<input type="checkbox"/> Vice Chairman	Address: <u>Narberth Station #B3</u>
<input type="checkbox"/> Director	<u>Sunny Isles Beach, FL 33160</u>	<input type="checkbox"/> Director	<u>Narberth, PA 19072</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>Judith Goldstein</u>	<input type="checkbox"/> Chairman	Name: <u>Michael E. Markovitz</u>
<input type="checkbox"/> Vice Chairman	Address: <u>16901 Collins Ave #4901</u>	<input type="checkbox"/> Vice Chairman	Address: <u>4145 Apalogen Rd</u>
<input type="checkbox"/> Director	<u>Sunny Isles Beach, FL 33160</u>	<input type="checkbox"/> Director	<u>Philadelphia, PA 19129</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Other: <u>Board Member</u>	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>Wendy Kelly</u>	<input type="checkbox"/> Chairman	Name: <u>David Fant</u>
<input type="checkbox"/> Vice Chairman	Address: <u>8305 Botsford Court</u>	<input type="checkbox"/> Vice Chairman	Address: <u>2285 Southgate Dr. SE</u>
<input type="checkbox"/> Director	<u>Springfield, VA 22152</u>	<input type="checkbox"/> Director	<u>Grand Rapids, MI 49508</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other: <u>Board Member</u>	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Other: <u>Board Member</u>	<input type="checkbox"/> 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. Melvin B. Miller
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. MELVIN B MILLER - BOARD CHAIRMAN
(Typed or printed name and capacity of person signing application)

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: PACT
Request Type: Subsistence Certificate **Issuance Date:** December 09, 2024
Request No.: 047463540 **File No.:** 0003917074
Receipt No.: 001330115
Filing Type: Domestic Nonprofit Corporation
Filing Subtype: Nonprofit Corporation
Initial Filing Date: November 13, 2009
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

PACT

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov