

MAA000011313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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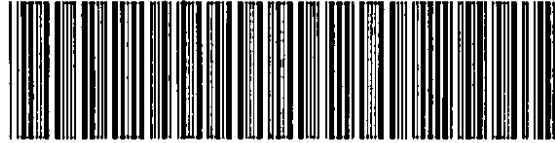
(Business Entity Name)

(Document Number)

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

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2022 JUL 19 PM 12:23  
SECRETARY OF REVENUE  
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Centers for <sup>the</sup> Developmentally Disabled, NCA Inc.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brad Romine  
Name of Person

Centers for the Developmentally Disabled, NCA Inc.  
Firm/Company

1602 Church St. SE  
Address

Decatur, AL 35601  
City/State and Zip Code

brad.romine@cddnca.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Romine at ( 256 ) 652-8435  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Centers for Developmentally Disabled, NCA Inc.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Alabama 3. 63-1079786  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1602 Church St SE 6. PO BOX 2091  
(Street Address of Principal Office) (Mailing Address)

Decatur, AL 35601

Decatur, AL 35602

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 7901 4TH ST N STE 300

ST PETERSBURG 33702  
(City) , Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Bee Hume

(Registered agent's signature)

FILED  
2022 JUL 19 PM 12:23  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Brad Romine

☐ Member Address: PO Box 2091

☐ Authorized Decatur, AL 35602

Person \_\_\_\_\_

☒ Other CEO ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Libby Morgan

☐ Member Address: PO Box 2091

☐ Authorized Decatur, AL 35602

Person \_\_\_\_\_

☒ Other VP of Services ☐ Other \_\_\_\_\_

☐ Manager Name: Shayla Johnson

☐ Member Address: PO Box 2091

☐ Authorized Decatur, AL 35602

Person \_\_\_\_\_

☒ Other CFO ☐ Other \_\_\_\_\_

☐ Manager Name: Jessica Burch

☐ Member Address: PO Box 2091

☐ Authorized Decatur, AL 35602

Person \_\_\_\_\_

☒ Other Board Member ☐ Other \_\_\_\_\_

☐ Manager Name: Blake Reid

☐ Member Address: PO Box 2091

☐ Authorized Decatur, AL 35602

Person \_\_\_\_\_

☒ Other Board Member ☐ Other \_\_\_\_\_

☐ Manager Name: Tony Morgan

☐ Member Address: PO Box 2091

☐ Authorized Decatur, AL 35602

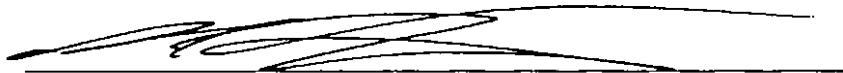
Person \_\_\_\_\_

☒ Other Board Member ☐ Other \_\_\_\_\_

**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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Signature of an authorized person

Brad Romine  
Typed or printed name of signer

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Centers for the Developmentally Disabled, North Central Alabama, Inc. was formed in Morgan County, Alabama on December 1, 1992. The Alabama Entity Identification number for this entity is 000-074897. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

06/16/2022

Date

*J. H. Merrill*

John H. Merrill

Secretary of State



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