# F250000000881

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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W250000069 <b>6</b> 5
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Office Use Only



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1. 1. 1. S- 831.



January 15, 2025

GAIL G. MATILLO, MPA 2292 WEDNESDAY STREET STE I TALLAHASSEE, FL 32308 US

SUBJECT: ANGELS IN ACTION CORPORATION

Ref. Number: W25000006965

We have received your document for ANGELS IN ACTION CORPORATION and your check(s) totaling \$78.75. 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.

Letter Number: 225A00001088

Andrea Andrews Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO:		ration Section of Cor	tion porations					
SUBJI	·CT·	ANGELS	IN ACTION COR	PORATIO	N - REVISE	D APPLICATIO	N	
., () (),,,	<u>.</u>		Name of	Corporatio	n – must in	clude suffix		
Dear Si	гог Ма	ıdam:						
Affairs	in Flor	ida", "Cen		ce", or "Ce	ertificate of	Status" and che	tion to Conduct its eck are submitted to Florida.	
Please i	return a	II correspo	ondence concernii	ng this mat	ter to the fo	ollowing:		
		Gail G. M	atillo, MPA					
				Name of	Person			
		Florida Se	mior Living Associ	ation / Flori	ida Senior L	iving Institute		
				Firm/Co	mpany		<del></del>	
	2292 Wednesday Street Ste 1							
				Add	ress		· · · · · · · · · · · · · · · · · · ·	
		Tallahass	ee, Fl. 32308					
			Ci	ty/State an	d Zip Code	:	<del></del>	
		Support(i)	angelsinaction.org					
		E-ma	iil address: (to be	used for fu	ature annua	l report notifica	ntion)	
For furt	her inf	ormation c	oncerning this ma	atter, pleas	e call:			
Sonja I	lanna				888	764-1572		
	_	Name of	Person	<del></del> `7	Vrea Code	Daytime Tel	ephone Number	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301		
Enclose Please n	d is a c	heck for the	ne following amo to: FLORIDA DE	unt: PARTME?	NT OF STA	TE		
_		ing Fee	S78.75 Filing Certificate o	Fee &	□\$78.75	Filing Fee & led Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy RECEIVED	
							FEB 0 5 2025	

# 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:

(Name of corpo	age as will clearly indicate that it is a	ORPORATED" or "CORPORATION" or words or abbreviations of like a corporation instead of a natural person or partnership if not so contain				
-	, ,	t be used as a corporate suffix by a nonprofit corporation.)				
	ACTION GUARDIAN CORP					
(If name unav	ailable in Florida, enter alternate corp	porate name adopted for the purpose of transacting business in Florida)				
TENNESSEI	<u>;</u>	3. 86-3104605 (FEI number, if applicable)				
(State or cou	ntry under the law of which it is inco	rporated) (FEI number, if applicable)				
01/29/2021		5.				
1)	Date of Incorporation)	5. (Date of duration, if other than perpetual)				
		tration. See sections 617.1301 & 617.1302, F.S. to determine penalty liabi				
90 VOLUNTI	EER DRIVE STE 405, HENDERSON	NVII.LE, TN 37078				
	(Pri	incipal office street address)				
242 W. MAIN	STREET #244, HENDERSONVILL	LE, TN 37075				
		nt mailing address, if different)				
•		·				
Unlaina imaga	na tha mality of 11% for the ends with	ala.				
Aciping unipic	ove the quarry of the for the vumerao	or country to be carried out in the state of Florida)				
(Purpose(s) or	corporation authorized in nome state	or country to be carried out in the state of Fforida)				
Name and str	eet address of Florida registered a	igent: (P.O. Box NOT acceptable)				
<u> </u>	we will be the second of the s	Bern (c.o. nov. <u>1.o. r</u>				
None	Gail G. Matillo					
Name:	Gail G. Matillo 2292 Wednesday Street Ste 1					
ffice Address:	2292 Wednesday Street Ste 1					
	Tallahassee , Florida 32308 (City) (Zip Code)					
	(Ctiy)	(Zip Code)				
0. Registered	agent's acceptance:					
aving neen na siaantad in th	imea as registerea agent ana 10 ac de ambication. I barrhy accept th	ccept service of process for the above stated corporation at the e appointment as registered agent and agree to act in this capa				
rther avree to	comply with the provisions of all	I stututes relative to the proper and complete performance of m				
id I am famili	ar with and accept the obligation	s of my position as registered agent.				
	Α.					
	$U\lambda \cdot n\lambda$	l A - A				
	Sail V	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. DIRECTOR	RS			
□Chairman	Name: Suzette Graham	□Chairman	Name: Jacob Kingsbury  105 Carissa Cir  White House, TN 37188	
□Vice Chairman	Address: 280 Harris Lane	□Vice Chairman ■Director		
■Director	Gallatin, TN 37066			
■President		□President		
□Vice President		■Vice President		
□Secretary □	□Treasurer	□Secretary	□Treasurer	
DOther:	□ Other:	□ Other:	Other:	
□Chairman	Name: Mary Sue Patchett	□Chairman	Name: Cody Graham	
□Vice Chairman	9607 Coppola Court Address:		Address: 272 Old Shackle Island Road	
<b>□</b> Director	Brentwood, TN 37027	■Director	Hendersonville, TN 37075	
□President		□President		
□Vice President		□Vice President		
■Secretary	☐Treasurer	□ Secretary	■Treasurer	
□Other:	Other:	□ Other:	Other:	
□Chairman	Name	□Chairman	Name: Mike Bond	
□Vice Chairman	Address: 44 Brittany Lane	□Vice Chairman	Address: 146 Cody Ct	
■Director	Glenmore, PA 19343	Director	Portland, TN 37148	
□President		□President		
□Vice President		□Vice President		
□Secretary	☐Treasurer	□ Secretary	□Treasurer	
□Other:	Other	□ Öther:	Other:	
Non-indexed indi	nt Notice: Use an attachment to report more than sividuals may be added to the index when filing you be adde	ur Florida Department officer listed in number	of State Annual Report form.  12 of the application)	

## ADDITIONAL DIRECTORS

Name: Sydney Bond Address: 146 Cody Ct Portland, TN 37148

Title: Director



### Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

SUZETTE GRAHAM

90 VOLUNTEER DR. STE 405 HENDERSONVILLE, TN 37075 December 2, 2024

Request Type: Certificate of Existence/Authorization

0613744 Request #:

Issuance Date: 12/02/2024

Copies Requested:

**Document Receipt** 

Receipt #: 009359158

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3887142238

\$20.00

Regarding:

Angels In Action Corporation

Filing Type:

Nonprofit Corporation - Domestic

Formation/Qualification Date: 01/29/2021

Status:

Active

Duration Term:

Perpetual

**Business County: SUMNER COUNTY** 

Control #:

1165556 01/29/2021

Date Formed: Formation Locale: TENNESSEE

Inactive Date:

#### CERTIFICATE OF EXISTENCE

1, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### **Angels In Action Corporation**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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