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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** EYES OF HOPE - AFRICA NFP, 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 Good Standing" 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:

MARION SMITH

Name of Person

EYES OF HOPE - AFRICA

Firm/Company

4681 NORTHBRIDGE DR.

#8-203

Address

Orlando, FL 32839

City/State and Zip Code

SMITH MV 46 @ yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marion Smith

Name of Person

at (678) 347-0423

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

Enclosed is a check for the following amount:

\$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

**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. EYES OF HOPE-AFRICA NFP, 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.)
2. ILLINOIS (State or country under the law of which it is incorporated)
3. 13-4364590 (FEI number, if applicable)
4. 10/11/2007 (Date of Incorporation)
5. PERPETUAL (Duration: Year/corp. will cease to exist or "perpetual")
6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 3538 W. ARTHINGTON ST, CHGO, IL 60624  
(Principal office address)
- 4681 NORTHBRIDGE DR, #8-203 Orlando, FL 32839  
(Current mailing address)

8. Fund-raising to support Domestic + International Mission efforts.  
(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: MARION SMITH

Office Address: 4681 NORTHBRIDGE Dr - #8-203  
ORLANDO, Florida 32839  
(City) (Zip Code)

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**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.

Marion Smith  
(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. Names and addresses of officers and/or directors:

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12 MAY -4 PM 2: 35

**A. DIRECTORS**

Chairman: Marion Smith

Address: 4681 Northbridge Dr. #8-203  
Orlando, FL 32839

Vice Chairman: Christopher Griffin

Address: 3538 W. Arthington St.  
Chicago, IL 60624

Director: Angela Mojekwu

Address: 3538 W. Arthington St.  
Chicago, IL 60624

Director: BOB HOESTRA

Address: 18130 Ridgeland 60438  
LANSING, IL

**B. OFFICERS**

President: Angela Mojekwu

Address: 3538 W. Arthington St, Chicago IL 60624

Vice President: Marion Smith

Address: 4681 Northbridge Dr. #8-203,  
Orlando, FL 32839


Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

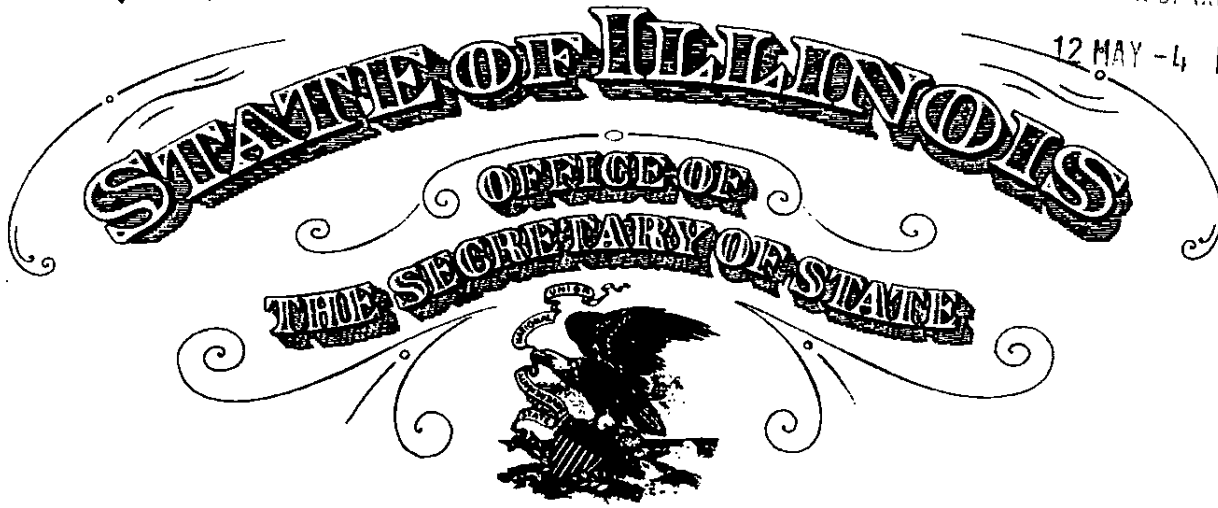
13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARION SMITH Chairman - VP  
(Typed or printed name and capacity of person signing application)

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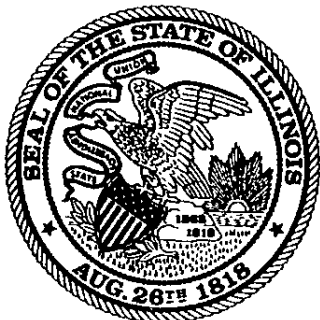


**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

EYES OF HOPE-AFRICA NFP, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 01, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of APRIL A.D. 2012 .***



*Jesse White*

Authentication #: 1212101564

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE